Overview of Instructor Performance And Student Satisfaction Level of The Faculty of Medicine, Swadaya Gunung Jati University, Regarding Clinical Skills Learning Activities

Salma Amani Inayah[1*], Raden Vivi medianawaty[2], Mohamad Luthfi[3]

[1,2,3]Fakultas Kedokteran Universitas Swadaya Gunung Jati Cirebon, Indonesia
Corresponding author:
E-mail : salmaarchita@gmail.com

Abstract

Clinical skills learning is an important component in medical education because it plays a role in developing students' competencies before entering clinical practice. This study aims to describe the performance of clinical skills instructors and the level of student satisfaction with clinical skills learning activities at the Faculty of Medicine, Swadaya Gunung Jati University. The study used a quantitative descriptive design with a cross-sectional approach. The study population was 796 active students in semesters 2, 4, 6, and 8 who had participated in clinical skills learning. A sample of 266 respondents was selected using a simple random sampling technique. Data collection was carried out using the Instrument for Evaluating Clinical Skill Laboratory Teacher's Didactical Performance and a modified student satisfaction questionnaire, then analyzed univariately. The results showed that instructor performance in the aspects of teaching skills, interpersonal and communication skills, and training strategies was predominantly in the good and very good categories. Most students also expressed satisfaction with the clinical skills learning activities, although several aspects still needed improvement, particularly the provision of feedback, instructor time management, the availability of mannequins and medical procedures, the condition of learning facilities, and the responsiveness of administrative staff. This study concluded that good instructor performance was followed by a high level of student satisfaction, but improving the quality of learning was still needed to support optimal achievement of clinical competencies.

Keywords: *Clinical Skills, Clinical Teaching, Instructor Performance, Medical Education, Student Satisfaction.*

I. INTRODUCTION

Clinical skills are one of the basic competencies that medical students must master to provide safe, effective healthcare services that meet professional standards. According to the Indonesian Medical Council (2024), clinical skills encompass various procedures related to the management of health problems while prioritizing the principles of patient safety, healthcare worker safety, and environmental safety. Mastery of these skills is crucial for achieving the Indonesian Medical Competency Standards, as graduates are required to perform diagnostic procedures and manage health problems holistically and comprehensively. Therefore, clinical skills learning activities play a strategic role in shaping students' abilities throughout their undergraduate medical education (Indonesian Medical Council, 2024).

Clinical skills learning is carried out through various activities, such as communication skills training, physical examinations, and therapeutic procedures using simulated patients or mannequins. The use of these media is necessary due to ethical considerations, patient privacy protection, and the limitations of using real patients in the learning process (Ramadhany & Khoiriyah, 2023). Each learning session takes place in one 100-minute meeting, beginning with an explanation of the learning objectives, a demonstration by the instructor, and then continuing with independent student practice under the instructor's guidance (Ramadhany & Khoiriyah, 2023). In this process, the instructor plays a crucial role because the quality of guidance provided will influence students' success in mastering clinical skills according to the expected competencies (Siahaya et al., 2024).

However, the clinical skills learning process still faces various obstacles. Students often practice independently without instructor supervision, potentially leading to errors in applying procedures. Furthermore, differences in clinical skills steps taught by instructors to different groups can lead to student confusion regarding correct procedures. This situation has the potential to impact student satisfaction with the clin-

ical skills learning they receive, even though student satisfaction is a key indicator in assessing the success of the learning process provided by instructors (Siahaya et al., 2024).

Various studies have shown that instructor performance is closely related to student satisfaction levels in clinical skills learning. Research by Dergong et al. (2019) demonstrated a significant relationship between the quality of Clinical Skills Lab instructor guidance and student satisfaction levels. Research by Firmansyah and Kristina (2012) also showed that 24.84% of students expressed dissatisfaction with clinical skills training, while 67.32% expressed satisfaction and 7.84% expressed great satisfaction. These findings indicate that although most students have a good level of satisfaction, there are still aspects of learning that require improvement to optimize the quality of the learning process.

Other studies have also revealed that instructor performance is generally considered good, but weaknesses are still found in several learning indicators. Panggabean and Natasha (2016) reported that most students gave good to excellent ratings of instructor performance, although there were still several aspects that needed improvement. Similar results were found by Rahayu and Yuziani (2020), who stated that instructors' teaching skills were still suboptimal, especially in providing feedback to students and managing time during training sessions. Meanwhile, Hidayah et al. (2024) showed that 97% of students gave a positive perception of the Clinical Skills Lab, although a small number of students still gave negative responses. Currently, there is no available data on clinical skills instructor performance and student satisfaction levels at the Faculty of Medicine, Universitas Swadaya Gunung Jati, thus forming the basis for this study.

This study aims to describe the performance of clinical skills instructors and the level of student satisfaction with the clinical skills learning method at the Faculty of Medicine, Swadaya Gunung Jati University. This study is expected to serve as a basis for evaluation in improving the quality of clinical skills learning and supporting the improvement of the quality of medical education. The novelty of this study lies in the simultaneous assessment of two variables: the performance of clinical skills instructors and the level of student satisfaction with the clinical skills learning method at the Faculty of Medicine, Swadaya Gunung Jati University. In addition, this study differs from previous studies in terms of research time, research location, sampling method using simple random sampling, and the use of two questionnaire instruments to obtain a more comprehensive picture of both variables.

II. METHODS

This study falls within the scope of Medical Education and uses a quantitative descriptive research design with a cross-sectional approach. The study was conducted at the Faculty of Medicine, Swadaya Gunung Jati University from January to May 2025. The cross-sectional approach was used to obtain an overview of the performance of clinical skills instructors and the level of student satisfaction with the clinical skills learning method at a single observation time. The variables examined in this study include the performance of clinical skills instructors and the level of student satisfaction with the clinical skills learning method at the Faculty of Medicine, Swadaya Gunung Jati University.

The target population in this study was all students of the Faculty of Medicine, Swadaya Gunung Jati University. The accessible population consisted of active students in semesters 2, 4, 6, and 8 who had participated in clinical skills training. The research sample was determined using a simple random sampling technique. Respondents were selected from students who met the inclusion criteria, namely active students in semesters 2, 4, 6, and 8, had participated in at least one clinical skills training session, and were willing to participate by providing consent and completing the questionnaire. Meanwhile, respondents who did not complete the questionnaire were excluded from the study based on exclusion criteria. The sample size was determined using the Slovin formula with a 5% error rate. Based on a population of 796 students, a sample size of 266 respondents was obtained. The questionnaire was distributed online, then the sample was selected randomly using the random feature in Microsoft Excel.

Data collection was conducted using two questionnaires. Clinical skills instructor performance was measured using the Instrument for Evaluating Clinical Skill Laboratory Teacher's Didactic Performance questionnaire developed by Setiawan et al. (2013) and has been declared valid and reliable for evaluating clinical skills instructor performance. This instrument consists of 26 questions that assess aspects of teaching

skills, interpersonal skills, and learning strategies (Setiawan et al., 2013). Student satisfaction levels were measured using a questionnaire developed by Ziaee et al. and modified and used in the research of Firmansyah and Kristina (2012). Satisfaction assessments included satisfaction with clinical skills activities, academic experience, personal experience, facilities and infrastructure, and the quality of administrative staff (Firmansyah & Kristina, 2012).

The collected data was processed through editing, coding, processing, entry, and cleaning to ensure completeness, consistency, and accuracy before analysis. Next, the data were analyzed univariately to describe the distribution of each research variable, including clinical skills instructor performance, student satisfaction levels, and respondent characteristics, including age, gender, academic stage, and suggestions for instructor performance and clinical skills learning activities.

The research implementation began with a preparation stage that included the preparation of a research proposal, processing research permits, and submitting and obtaining ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Swadaya Gunung Jati University. This research has obtained Ethical Clearance Number 47/FKUGJ/III/2025. The implementation stage was carried out by providing informed consent to potential respondents, distributing online questionnaires to students who met the research criteria, providing respondents with the opportunity to complete the questionnaires, and then collecting all completed questionnaires. The final stage of the research included data processing and analysis, preparation of the research report, and presentation of the research results.

III. RESULTS AND DISCUSSION

Respondent Characteristics

1. Distribution of Forces

Table 1. Distribution of respondents by generation

No	Semester	n	%
1	8	125	48.2
2	6	47	17.3
3	4	36	13.2
4	2	58	21.3
	Total	**266**	**100**

Based on the table, semester 8 was the largest respondent (48.2%), semester 6 (17.3%), semester 4 (13.3%), and semester 2 (21.3%).

2. Gender Distribution

Table 2. Distribution of respondents by gender

No	Gender	n	%
1	Woman	177	67.3
2	Man	89	32.7
	Total	266	100

Based on table 2, the gender of students is female (67.3%) and male (32.7%).

Clinical Skills Instructor Teaching Performance

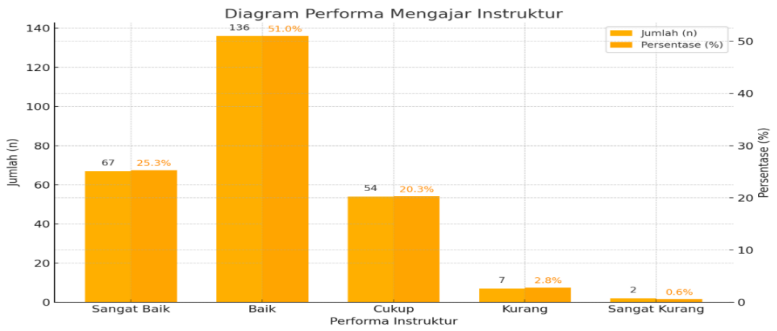


Fig. 1. Diagram of instructor teaching performance

Based on Figure 1, it is known that of the 266 student respondents, 51.0% (136 students) gave a

good rating and even 25.3% (67 students) gave a very good rating for the teaching skills performance of clinical skills instructors. The data also shows that there are students who gave a less than good rating as much as 2.8% (7 students) for the teaching skills performance of clinical skills instructors of the Medical Study Program at the Faculty of Medicine UGJ. The detailed performance indicators of clinical skills instructors of the Medical Study Program at the Faculty of Medicine UGJ can also be seen in Table 5.

Table 3. Performance indicators of clinical skills instructor teaching skills

No	Indicator	Very Not enough	Not enough	Enough	Good	Very good
		n (%)	n (%)	n (%)	n (%)	n (%)
1	Discuss the preparation of student learning materials/learning materials to build knowledge without criticizing	2 (0.8)	8 (3)	71 (26.7)	128 (48.1)	57 (21.4)
2	Recognizing the level of student knowledge and understanding	3 (1.1)	7 (2.6)	60 (22.6)	141 (53.0)	55 (20.7)
3	Demonstrate clinical skills step by step	2 (0.8)	8 (3.0)	51 (19.2)	142 (53.4)	63 (23.7)
4	Answering student questions	1 (0.4)	6 (2.3)	50 (18.8)	109 (41.0)	100 (37.6)
5	Provide skills training according to underlying theory	0 (0.0)	3 (1.1)	48 (18.0)	129 (48.5)	86 (32.3)
6	Helping students understand the material and correcting mistakes	0 (0.0)	8 (3.0)	45 (16.9)	125 (47.0)	88 (33.1)
7	Stimulate students to collaborate	2 (0.8)	8 (3.0)	56 (21.1)	133 (50.0)	67 (25.2)
8	Give students the opportunity to ask questions	2 (0.8)	3 (1.1)	35 (13.2)	115 (43.2)	111 (41.7)
9	Creating a good balance between questions and teaching	2 (0.8)	2 (0.8)	60 (22.6)	134 (50.4)	68 (25.6)
10	Provide constructive positive feedback and explain negative feedback.	2 (0.8)	5 (1.9)	45 (16.9)	129 (48.5)	85 (32.0)
11	Stimulate contextual learning by connecting physical examinations to real clinical conditions.	1 (0.4)	6 (2.3)	56 (21.1)	125 (47.0)	78 (29.3)
12	Explain the meaning of possible results from a physical examination.	0 (0.0)	8 (3.0)	49 (18.4)	133 (50.0)	76 (28.6)
13	Asking for feedback on teaching and training sessions	3 (1.1)	15 (5.6)	49 (18.4)	122 (45.9)	77 (28.9)

From the table, it is known that the performance of clinical skills instructors' teaching skills in providing opportunities for students to ask questions has the highest percentage for the good and very good assessment categories with an accumulated percentage of 84.9% (226 students). In the thirteenth indicator, asking for feedback in teaching and training sessions, it has the highest percentage for the less assessment category. As many as 6.7% (18 students) gave a less assessment on this indicator, then on the instructor's performance

indicator helping students understand the material and correcting errors was assessed as less by students. This indicator has a percentage for the less assessment category of 3.0% (8 students).

Interpersonal and Communication Skills Performance

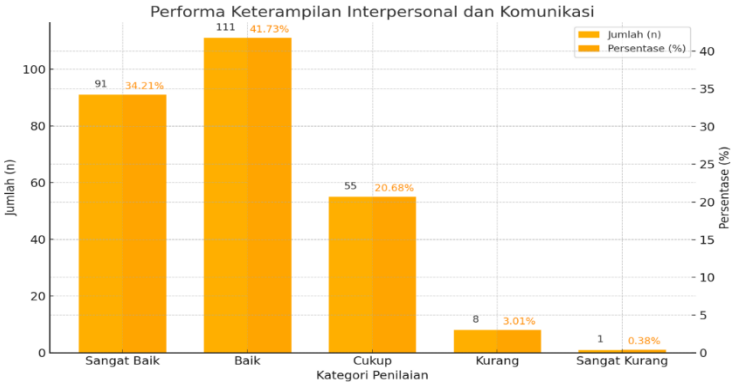


Fig. 2. Diagram of interpersonal and communication skills of clinical skills instructors

Based on Figure 2, it is known that of the 266 student respondents, 41.73% (111 students) gave a good rating and even 34.21% (91 students) gave a very good rating for the performance of the Interpersonal and Communication skills of clinical skills instructors. The data also shows that 3.01% (8 students) gave a poor rating for the Interpersonal and Communication performance of clinical skills instructors of the Medical Study Program at the Faculty of Medicine, University of Jakarta. The detailed performance indicators of interpersonal and communication skills of clinical skills instructors of the Medical Study Program at the Faculty of Medicine, University of Jakarta can also be seen in the table.

Table 4. Performance Indicators of Interpersonal and Communication Skills of Clinical Skills Instructors

No	Indicator	Very Not enough	Not enough	Enough	Good	Very good
		n (%)	n (%)	n (%)	n (%)	n (%)
1	Treat students fairly	1 (0.4)	8 (3.0)	50 (18.8)	105 (39.5)	102 (38.3)
2	Respecting students' personal integrity	0 (0.0)	8 (3.0)	49 (18.4)	119 (44.7)	90 (33.8)
3	Using male probands rather than female probands	1 (0.4)	5 (1.9)	56 (21.1)	98 (36.8)	106 (39.8)
4	Ask students to volunteer rather than selecting or appointing them	0 (0.0)	5 (1.9)	42 (15.8)	119 (44.7)	100 (37.6)
5	Show an enthusiastic attitude	1 (0.4)	8 (3.0)	53 (19.9)	125 (47.0)	79 (29.7)
6	Have a sense of humor	4 (1.5)	14 (5.3)	79 (29.7)	99 (37.2)	70 (26.3)

The table shows that the interpersonal and communication skills performance of clinical skills instructors for the indicator of asking students to volunteer rather than appointing students has the highest percentage in the good and very good categories with a percentage of 82.3% (219 students). There are 6.8% (18 students) who gave a poor and very poor rating for the sixth indicator, namely having a sense of humor. This indicator has the highest percentage of poor and very poor ratings for the interpersonal and communication skills performance of clinical skills instructors in the Medical Study Program at the Faculty of Medicine UGJ.

Condition Performance/Training Strategy

Fig. 3. Performance diagram of clinical skills instructor conditions and strategies

Based on Figure 3, it is known that of the 266 student respondents, 50.75% (135 students) gave a good assessment and even 28.95% (77 students) gave a very good assessment of the performance of the conditions/strategies of clinical skills training. Detailed performance indicators of the conditions/strategies of clinical skills instructors in the Medical Study Program at the Faculty of Medicine, UGJ can also be seen in Table 5.

Table 5. Performance Indicators of Clinical Skills Training Conditions/Strategies

No	Indicator	Very Not enough	Not enough	Enough	Good	Very good
		n (%)	n (%)	n (%)	n (%)	n (%)
1	Two-way integration between skills training and curriculum components (tutorials, lectures, practical sessions) conducted at the same time	1 (0.4)	8 (3.0)	61 (22.9)	134 (50.4)	62 (23.3)
2	Well structured training sessions	0 (0.0)	8 (3.0)	49 (18.4)	141 (53.0)	68 (25.6)
3	Deliver a summary of the learning at the end of the training session	2 (0.8)	10 (3.8)	54 (20.3)	124 (46.6)	76 (28.6)
4	Have sufficient knowledge of the subject	1 (0.4)	3 (1.1)	40 (15.0)	139 (52.3)	83 (31.2)
5	Make good preparations for training sessions	1 (0.4)	3 (1.1)	42 (15.8)	136 (51.1)	84 (31.6)
6	Maintain familiarity and integrity during the physical examination.	1 (0.4)	4 (1.5)	40 (15.0)	136 (51.1)	85 (32.0)
7	Manage time well in training sessions	1 (0.4)	11 (4.1)	37 (13.9)	137 (51.5)	80 (30.1)

The table shows that the fourth indicator, which is sufficient subject knowledge, has the highest percentage in the good and very good categories, at 83.46% (222 students). Meanwhile, the third indicator, which is providing a summary of learning at the end of the training session, and the seventh indicator, which is managing time well during the training session, show that 4.51% (12 students) gave poor and very poor ratings to the instructor's performance on these indicators.

General Level of Student Satisfaction with Clinical Skills Activities

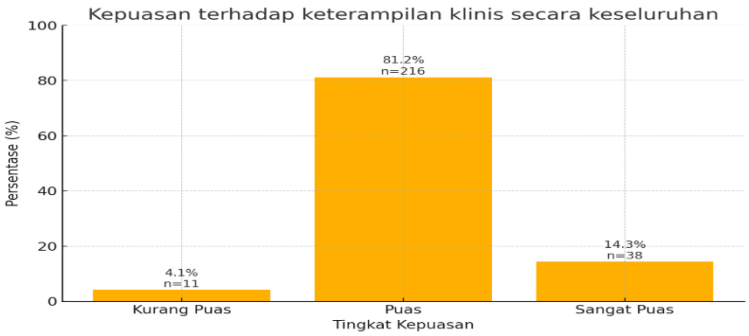


Fig. 4. Distribution diagram of the level of satisfaction of UGJ Medical Faculty students in general with clinical skills activities.

In Figure 4, it can be seen that the majority of students stated that they were satisfied with the implementation of clinical skills (81.2% (216 students), and students stated that they were very satisfied with the implementation of clinical skills (14.3% (38 students). The study also found that students were dissatisfied with clinical skills, namely 4.1% (11 students). The components of the satisfaction score are satisfaction with clinical skills as a whole, satisfaction with clinical skills practice, satisfaction with theory, and satisfaction with evaluation. The distribution of the satisfaction score component categories is shown in Table 6.

Table 6. Indicators of the level of satisfaction of UGJ FK students in general regarding clinical skills activities (n=272)

No	Indicator	Not satisfied	Less satisfied	Satisfied	Very satisfied
		n (%)	n (%)	n (%)	n (%)
1	Satisfaction with overall clinical skills	1 (0.4)	11 (4.1)	216 (81.2)	38 (14.3)
2	Satisfaction with clinical skills learned	1 (0.4)	13 (4.9)	200 (75.2)	52 (19.5)
3	Satisfaction with the theory learned	2 (0.8)	20 (7.5)	198 (74.4)	46 (17.3)
4	Satisfaction with evaluation methods during clinical skills activities	3 (1.1)	16 (6.0)	211 (79.3)	36 (13.5)

Table 6 shows that in the general satisfaction category with clinical skills, 81.2% of students expressed satisfaction and 14.3% were very satisfied. However, 4.1% of students were less satisfied with clinical skills in general. In the category of student satisfaction with the clinical skills learned, 75.2% of students were satisfied and 19.5% of students were very satisfied with the clinical skills learned. 4.9% of students were less satisfied. 74.4% of students were satisfied with the theory taught during clinical skills. 17.3% of students were very satisfied. 7.5% of students were less satisfied with the theory taught. In the category of student satisfaction with clinical skills evaluation, 79.3% of students were satisfied and 13.5% of students were very satisfied. 6.0% of students were less satisfied and 1.1% of students were dissatisfied.

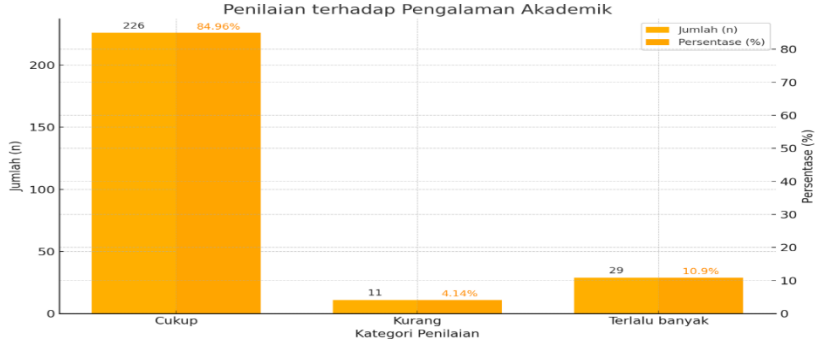


Fig. 5. Academic experience diagram Assessment of Students' Academic Experience in Clinical Skills Activities

Based on Figure 5, it is known that of the 266 student respondents (84.96%), most gave a sufficient

rating for each indicator, and as many as 4.14% (11 students) gave a poor rating. The assessment indicators for students' academic experience in clinical skills activities can be seen in detail in Table 7.

Table 7. Assessment indicators for students' academic experiences in clinical skills activities

No	Indicator	Enough	Not enough	Too many
		n (%)	n (%)	n (%)
1	Frequency of meetings with instructors	252 (94.7)	6 (2.3)	8 (3.0)
2	Tasks obtained	214 (80.5)	4 (1.5)	48 (18.0)
3	Variations of cases studied	214 (80.5)	15 (5.6)	37 (13.9)
4	Variations in clinical skills practice	212 (79.7)	19 (7.1)	35 (13.2)
5	Feedback experience	239 (89.8)	11 (4.1)	16 (6.0)

The table shows that the first indicator, the frequency of meetings with instructors, had the highest percentage in the sufficient category, at 94.7% (252 students). Meanwhile, the second indicator, the assignments received, had the highest percentage in the too-many category, at 18.0% (48 students). The fourth indicator, the variation of clinical skills practice (7.1%), 19 students gave a poor rating to the academic experience on this indicator.

Personal Experience Assessment During Clinical Skills Activities

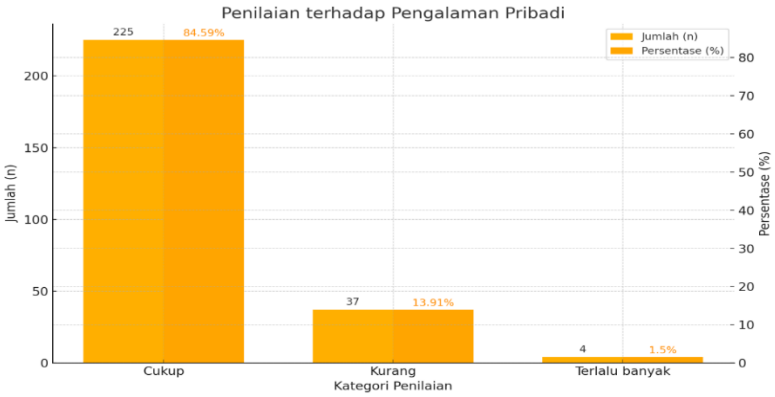


Figure 6. Personal experience diagram

Based on Figure 6, it is known that of the 266 student respondents (84.59%), most gave a sufficient rating for each indicator, and 13.91% (37 students) gave a poor rating. Indicators of personal experience during the clinical skills activities can be seen in detail in Table 8.

Table 8. Assessment indicators for students' personal experiences in clinical skills activities

No	Indicator	Enough	Not enough	Too many
		n (%)	n (%)	n (%)
1	Number of clinical skills staff	244 (91.7)	20 (7.5)	2 (0.8)
2	Number of Instructors	260 (97.7)	4 (1.5)	2 (0.8)
3	Frequency of clinical skills practice	229 (86.1)	24 (9.0)	13 (4.9)
4	Number of mannequins	193 (72.6)	71 (26.7)	2 (0.8)
5	Number of medical procedures (examples: Laryngoscope, ET, Ophthalmoscope)	198 (74.4)	66 (24.8)	2 (0.8)

The table shows that the second indicator, the number of instructors, had the highest percentage in the sufficient category, at 97.7% (260 students). Meanwhile, the third indicator, the frequency of clinical skills training, had the highest percentage in the excessive category, at 4.9% (13 students). The fourth indicator, the number of mannequins (26.7%), with 71 students giving a low rating for personal experience on this indicator.

\Assessment of Clinical Skills Facilities and Infrastructure

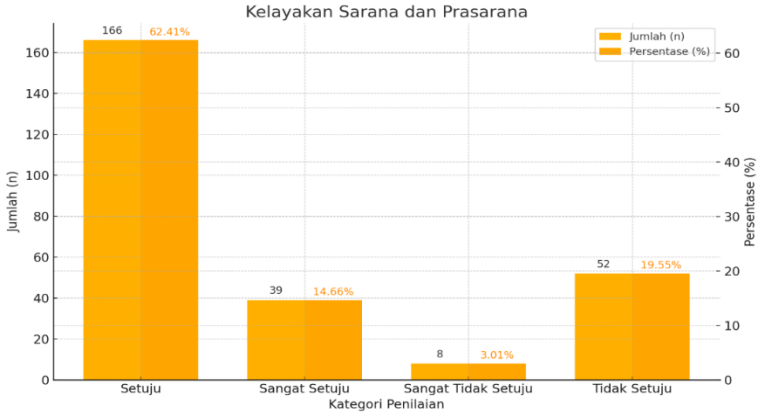


Fig. 7. Diagram of assessment of the feasibility of clinical skills infrastructure facilities

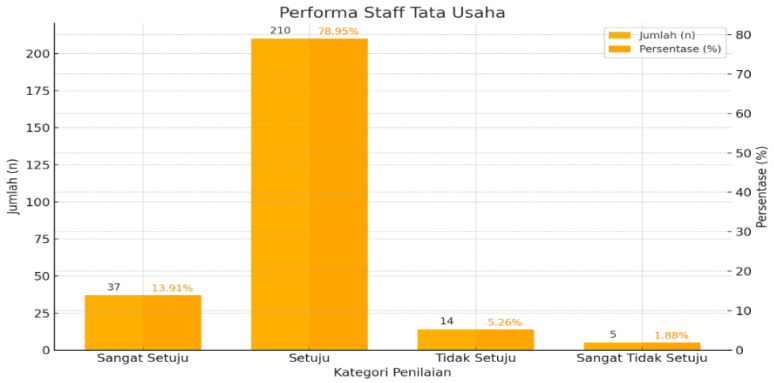
Based on Figure 10, it is known that of the 266 student respondents (62.41%), the majority gave an agreement assessment for each indicator, and as many as 19.55% (52 students) gave an disagreement. The assessment indicators for clinical skills facilities and infrastructure can be seen in detail in Table 9.

Table 9. Assessment indicators for the suitability of clinical skills facilities and infrastructure

No	Indicator	Absolutely not agree	No agree	Agree	Very agree
		n (%)	n (%)	n (%)	n (%)
1	Lighting in the clinical skills room is adequate	1 (0.4)	12 (4.5)	195 (73.3)	58 (21.8)
2	Furniture (chairs, tables, AC, etc.) is in good condition	3 (1.1)	22 (8.3)	194 (72.9)	47 (17.7)
3	The clinical skills room looks clean and tidy.	1 (0.4)	10 (3.8)	197 (74.1)	58 (21.8)
4	The available multimedia equipment is not out of date	4 (1.5)	30 (11.3)	199 (74.8)	33 (12.4)
5	Multimedia equipment available in good/functional condition	3 (1.1)	32 (12.0)	200 (75.2)	31 (11.7)
6	Mannequins available in good condition	24 (9.0)	45 (16.9)	119 (44.7)	78 (29.3)
7	The medical tools available are not outdated.	3 (1.1)	36 (13.5)	201 (75.6)	26 (9.8)
8	Medical procedures tools available in good/functional condition	5 (1.9)	43 (16.2)	178 (66.9)	40 (15.0)
9	The classroom is too hot	22 (8.3)	161 (60.5)	69 (25.9)	14 (5.3)
10	The classroom is too cold	18 (6.8)	134 (50.4)	105 (39.5)	9 (3.4)

From the table, it is known that the seventh indicator, namely the availability of medical procedures that are not outdated, has the highest percentage for the agree category, namely 75.6% (201 students). Meanwhile, the sixth indicator, namely the mannequins that are available in good condition, has the highest percentage for the strongly agree category, namely 29.3% (78 students) and the ninth indicator, namely the classroom is too hot (60.5%), 161 students, gave a disapproval assessment of the infrastructure assessment.

Assessment of Clinical Skills of Administrative Staff



Fi.e 8. Clinical skills administrative staff performance assessment diagram

Based on Figure 8, it is known that of the 266 student respondents, 78.95% (210 students) gave the most agreement assessments for each indicator, and there were 5.26% (14 students) who disagreed. Assessment indicators for the assessment of clinical skills administrative staff can be seen in detail in Table 12.

Table1. Assessment of the performance of clinical skills administrative staff

No	Indicator	Very don't agree	No agree	Agree	Very agree
		n (%)	n (%)	n (%)	n (%)
1	Administrative staff have the necessary information	4 (1.5)	9 (3.4)	217 (81.6)	36 (13.5)
2	The administrative staff provides information clearly.	7 (2.6)	12 (4.5)	212 (79.7)	35 (13.2)
3	The administrative staff are neatly dressed and polite in their service.	4 (1.5)	7 (2.3)	215 (80.8)	41 (15.4)
4	The administrative staff is quick to provide assistance.	4 (1.5)	16 (6.0)	206 (77.4)	40 (15.0)
5	Administrative staff are quick to respond to student complaints	6 (2.3)	28 (10.5)	198 (74.4)	34 (12.8)

From the table, it is known that the first indicator of administrative staff mastering the necessary information has the highest percentage for the agree category, which is 81.6% (217 students). While the third indicator, namely administrative staff dressing neatly and being polite in service has the highest percentage for the strongly agree category, which is 15.4% (41 students) and the fifth indicator, namely administrative staff responding quickly to student complaints (10.5%) 28 students, gave a disapproving assessment of the assessment of administrative staff clinical skills.

Discussion

Teaching Skills Performance

The results of the study showed that all instructor teaching skill indicators received good and excellent ratings above 50%, indicating that the teaching performance of clinical skills instructors at the Faculty of Medicine, Swadaya Gunung Jati University is considered good. This condition is supported by a quality lecturer recruitment process, competency development through education and training, good teaching preparation, and the instructors' commitment to continuously improving their knowledge and skills (Rahayu & Yuziani, 2020; Panggabean & Natasha, 2016). However, there are still weaknesses in the instructors' ability to help students understand the material and provide correction for errors, both of which were considered insufficient by a small number of students.

Understanding the material is the primary foundation for learning clinical skills. Instructors serve not only as teachers but also as facilitators, learning designers, and assessors, helping students integrate theory with clinical practice (Harden & Crosby, 2000). Therefore, instructors need to implement a student-centered learning approach, such as case-based discussions, demonstrations, reflection, and scaffolding, to help students understand the material more easily (Harden et al., 2020).

Furthermore, the ability to provide effective feedback is a crucial component in learning clinical skills. Constructive, specific, and timely correction can improve performance and shape students' clinical mindsets (Cantillon & Sargeant, 2008; Ramani et al., 2019; Archer, 2010). Therefore, the application of Pendleton's rules or the feedback sandwich method is recommended to deliver corrections more constructively, thereby improving student motivation and learning outcomes (Harden et al., 2020; Archer, 2010).

Interpersonal and Communication Skills Performance

In general, the interpersonal and communication skills of clinical skills instructors in the Medical Study Program at the Faculty of Medicine, University of Yogyakarta (UGJ), were rated as good. However, weaknesses remained in the sense of humor indicator, with 5.3% (14 students) rating it as poor or very poor. Interpersonal and communication skills are crucial for creating an active, communicative, and comfortable learning environment. Instructors are also expected to be able to defuse tensions during learning through good communication and the appropriate use of humor (Panggabean & Natasha, 2016; Rahayu & Yuziani, 2020).

An appropriate sense of humor can create a more open and supportive learning environment and enhance interactions between instructors and students (Spencer et al., 2023). However, the persistence of negative assessments suggests that not all instructors are able to utilize humor effectively, potentially hindering interpersonal relationships and the learning process (Burgess et al., 2020). Research also shows that contextually delivered humor can improve student focus, motivation, and information retention (Salameh & Eid, 2021). Therefore, improving interpersonal communication skills through faculty development programs is necessary so that instructors can implement more humanistic and effective learning strategies (Spencer et al., 2023).

Condition Performance/Training Strategy

The results of the study indicate that the methods, techniques, planning, and implementation of clinical skills training by instructors at the Faculty of Medicine, Gadjah Mada University (UGJ) were generally good, as indicated by the percentage of good and excellent assessments exceeding 60% for each indicator. This condition is supported by the instructors' training experience, adequate cognitive and psychomotor abilities, optimal utilization of infrastructure, harmonious communication between instructors, and dedication in guiding students (Rahayu & Yuziani, 2020).

However, weaknesses in time management skills remained during the training sessions, with 4.6% (12 students) rating the sessions as poor or very poor. This finding aligns with research by Hardisman and Yulistini (2013), which found that instructor tardiness and inadequate schedule management hindered the implementation of clinical skills. Effective time management is essential for optimal implementation of all materials, practices, and discussions (Dent et al., 2020). Students' perceptions of poor time management have also been linked to decreased learning satisfaction and clinical competency achievement (Williams et al., 2021).

Time management skills can be improved through micro-teaching training, the use of session planning tools, time-blocking strategies, teaching logs, and teaching checklists, as well as post-session self-reflection to evaluate the effectiveness of time use (Spencer & Bligh, 2021; Williams et al., 2021). Furthermore, instructors' busy schedules as both lecturers and healthcare professionals, along with the dense clinical skills material, are suspected to be contributing factors to suboptimal delivery of learning summaries and time management during training sessions (Panggabean & Natasha, 2016; Rahayu & Yuziani, 2020).

General Student Satisfaction with Clinical Skills Activities

The results of the study showed that the satisfaction level of UGJ Medical Faculty students with the implementation of clinical skills activities was high, with 81.2% of students stating that they were satisfied and 14.3% were very satisfied. This finding aligns with research by Lamba et al. (2022) which stated that competency-based and structured clinical skills learning can increase student satisfaction and learning effectiveness. Regarding overall satisfaction, the majority of students perceived the benefits of clinical skills activities in developing their competencies.

However, a small proportion of students remained dissatisfied, particularly with the theoretical aspects taught (7.5%) and the evaluation methods (6.0% dissatisfied; 1.1% dissatisfied). This situation is

thought to be due to the suboptimal integration between theoretical learning and clinical practice, resulting in a less-than-integrative learning experience and impacting student satisfaction levels (Bokken et al., 2020).

Assessment of Academic Experience

Experience during clinical skills includes academic experiences gained by students during the learning process, such as interactions with instructors, assignments, case variations, clinical skills practice, and feedback received (Firmansyah & Kristina, 2012). The results showed that 84.96% of students rated their academic experience as adequate. However, the assignment indicator received the highest percentage in the too-many category (18.0%), indicating a fairly high academic burden. This condition aligns with research by Dyrbye et al. (2021) which states that excessive assignments in medical education can increase the risk of burnout and decrease student engagement.

Nevertheless, the workload in clinical skills learning remains necessary to support competency achievement. Assignments such as OSCEs, reflective practice, and skill logbooks play a crucial role in building clinical skills through repeated practice, contextual learning, and quality feedback (Yardley et al., 2012). Structured practice has also been shown to increase self-efficacy and long-term skill retention (Ericsson, 2008), while simulation-based learning and clinical practice are key in preparing students to become competent clinicians (Nestel et al., 2022). Therefore, institutions need to ensure that the workload remains proportionate and is supported by effective feedback to support student competency achievement.

Personal Experience Aspect of Clinical Skills Activities

In terms of personal experience, the majority of students (84.59%) rated their experience as quite good. However, the number of mannequins and the number of medical procedures still received a relatively high rating of "poor," at 26.7% and 24.8%, respectively. These findings indicate that the availability of practical facilities still needs to be improved to support experiential learning. This aligns with research by Goh and Sandars (2021), which emphasized that the availability of adequate simulation facilities is crucial for supporting effective clinical learning and increasing student confidence.

Limited availability of mannequins and medical instruments can reduce students' opportunities for repetitive practice and optimal feedback. Repeated practice is a crucial principle in developing clinical competence (Nestel et al., 2021). Furthermore, limited equipment also leads to unequal practice opportunities, which can reduce students' mastery of procedural skills (Burgess et al., 2022). This situation has the potential to impact student readiness when entering clinical rotations. Therefore, institutions need to ensure the availability of adequate mannequins and medical instruments to ensure all students receive equal and optimal learning opportunities (Cleland et al., 2020).

Assessment of Clinical Skills Facilities and Infrastructure

The provision of learning facilities and infrastructure, as well as the learning environment, has a significant relationship with student satisfaction with clinical skills. Good facilities, infrastructure, and a good learning environment can support the learning process through comfortable learning spaces and the availability of adequate mannequins and medical skills demonstration tools, thereby helping students improve their clinical skills (Firmansyah & Kristina, 2012). Furthermore, a conducive learning environment will facilitate students' understanding of the material and improve their mastery of the clinical skills taught. Research also indicates that physical environmental factors such as architectural design, room size, lighting, noise, temperature, air quality, campus location, and ease of access influence student satisfaction (Astuti & Sundari, nd).

The assessment of facilities and infrastructure showed that although the majority of students agreed or strongly agreed with the conditions, 19.55% still disagreed. The indicators most frequently rated as poor were the condition of the mannequins and the classroom temperature, which was too hot or too cold, which could disrupt comfort and concentration during the learning process. This finding aligns with research by Kazzazi et al. (2023) which states that the quality of the physical learning environment influences material retention, active participation, and student learning effectiveness.

Assessment of Administrative Staff Clinical Skills

Assessments of administrative staff were positive, with over 78% of students agreeing that administrative services support learning activities. However, regarding the responsiveness of administrative staff to

student complaints, 10.5% (28 students) disagreed. This indicates that the responsiveness of administrative services still needs to be improved.

Lack of responsiveness from administrative staff can hinder the smooth running of administrative processes, such as scheduling appointments, providing practice location information, managing logbooks, and accessing training facilities. This situation has the potential to disrupt students' learning experiences and reduce their satisfaction and motivation in participating in clinical skills training (O'Neill et al., 2023). Furthermore, slow response times can also increase students' academic stress by adding to the burden placed on them during the already demanding clinical learning process, which already demands mental and physical readiness (Cleland & Roberts, 2021).

If student complaints are not promptly addressed, students may perceive the institution as lacking concern for their needs, thereby reducing engagement, trust, and ownership in the learning process (Schofield et al., 2020). Therefore, increasing the responsiveness of administrative staff through communication training, understanding the academic medical system, and implementing a student-centered approach is necessary to support a more effective and high-quality learning environment (O'Neill et al., 2023; Cleland & Roberts, 2021; Schofield et al., 2020).

Research Limitations

In any research, various factors can influence the accuracy and breadth of the results. This study also has several limitations that must be recognized so that the results can be interpreted wisely and serve as a basis for future improvements.

1. The research design is descriptive quantitativeUsing a cross-sectional approach, the results obtained are only a snapshot of a specific point in time. This limits the ability to draw causal conclusions between instructor performance variables and student satisfaction.
2. Data collection using online questionnaires, which allows for response bias, such as dishonest or hasty filling in, as well as the possibility that respondents may not fully understand the questions.
3. The research was only conducted at one educational institution, namely the Faculty of Medicine, Swadaya Gunung Jati University. Thus, the generalizability of the research results to other medical educational institutions is limited.
2. The questionnaire instrument used has been validated by previous research., however, in the local context of this institution, no repeat validity and reliability tests have been conducted, which may affect the accuracy of measuring instructor performance and student satisfaction.
3. No qualitative data involved, such as in-depth interviews, which can actually enrich understanding of student experiences and satisfaction in a deeper and more contextual way.

IV. CONCLUSION

The results of this study indicate that the performance of clinical skills instructors at the Faculty of Medicine, Swadaya Gunung Jati University, is generally in the good to excellent category in terms of teaching skills, interpersonal and communication skills, and training conditions or strategies. Student satisfaction with clinical skills learning activities is also relatively high, as indicated by the majority of students who expressed satisfaction with the learning process. However, several aspects still require attention, namely the provision of feedback by instructors, time management during training, the number of mannequins and medical procedures, the condition of learning facilities, and the responsiveness of administrative staff to student complaints. This study has limitations because it uses a descriptive design with a cross-sectional approach, is conducted only at one institution, uses an online questionnaire that has the potential to cause response bias, and is not supported by qualitative data that can explore student experiences in more depth.

Based on these findings, further research is recommended to use an analytical or longitudinal design involving several medical educational institutions to improve the generalizability of the results. A mixed methods approach is also recommended to gain a more comprehensive understanding of the factors influencing instructor performance and student satisfaction. Practically, institutions need to improve instructor competency, particularly in providing effective feedback and managing learning time, equipping

students with mannequins and medical procedures, enhancing the quality of the learning environment, and enhancing responsive administrative services. These efforts are expected to enhance the quality of clinical skills learning and produce more competent, professional medical graduates who are ready to provide quality healthcare.

REFERENCES

[1] Archer, J. C. (2010). State of the science in health professional education: Effective feedback. Medical Education, 44(1), 101–108.https://doi.org/10.1111/j.1365-2923.2009.03546.x

[2] Astuti, RT, & Sundari, S. (nd). Factors affecting medical students' satisfaction towards tutorials.

[3] Bokken, L., Rethans, J. J., Scherpbier, A., & van der Vleuten, C. (2020). Strengths and weaknesses of simulated and real patients in the teaching of skills to medical students: A review. Simulation in Healthcare, 15(3), 167–174.

[4] Burgess, A., Roberts, C., Ayton, T., & Mellis, C. (2022). Simulated patients in medical education: AMEE Guide No. 144. Medical Teacher, 44(5), 480–489.https://doi.org/10.1080/0142159X.2022.2046458

[5] Burgess, A., van Diggele, C., & Mellis, C. (2020). Teaching clinical reasoning: A practical guide. BMC Medical Education, 20(Suppl. 2), Article 455.https://doi.org/10.1186/s12909-020-02272-2

[6] Cantillon, P., & Sargeant, J. (2008). Giving feedback in clinical settings. BMJ, 337, a1961.https://doi.org/10.1136/bmj.a1961

[6] Cleland, J., Rees, C., McKenzie, H., & Frain, J. (2020). Preparing medical students for clinical practice: AMEE Guide No. 135. Medical Teacher, 42(6), 636–644.https://doi.org/10.1080/0142159X.2020.1746891

[7] Cleland, J., & Roberts, T. (2021). Supporting students: AMEE Guide No. 130. Medical Teacher, 43(5), 481–493.https://doi.org/10.1080/0142159X.2021.1880931

[8] Dent, J. A., Harden, R. M., & Hunt, D. (2020). Teaching and learning in clinical settings. Medical Teacher, 42(11), 1245–1254.

[9] Dergong, EO, Sagita, S., & Rante, SDT (2019). The relationship between the quality of guidance from specialist doctors' Clinical Skill Lab instructors and the level of student satisfaction at the Faculty of Medicine, Nusa Cendana University. Cendana Medical Journal, 7(2), 288–298.

[10 Dyrbye, L.N., West, C.P., Sinsky, C.A., Trockel, M., Tutty, M., Nedelec, L., & Shanafelt, T.D. (2021). Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives.https://doi.org/10.31478/202107b

[11] Ericsson, K. A. (2008). Deliberate practice and acquisition of expert performance: A general overview. Academic Emergency Medicine, 15(11), 988–994.https://doi.org/10.1111/j.1553-2712.2008.00227.x

[12] Firmansyah, R., & Kristina, T. (2012). Factors influencing medical students' satisfaction with clinical skills training at the undergraduate level: A case study at the Faculty of Medicine, Diponegoro University. ***Diponegoro Medical Journal***, 1(1), 108201.

[13] Goh, P.S., & Sandars, J. (2021). A vision of the use of technology in medical education after the COVID-19 pandemic. MedEdPublish, 10, 49.

[14] Hardisman, H., & Yulistini, Y. (2013). Students' views on obstacles in implementing skills labs at the Faculty of Medicine, Andalas University. ***Indonesian Journal of Medical Education***, 2(3), 180–187.

[15] Harden, R. M., & Crosby, J. R. (2000). AMEE Guide No. 20: The good teacher is more than a lecturer—The twelve roles of the teacher. Medical Teacher, 22(4), 334–347.https://doi.org/10.1080/014215900409429

[16] Harden, R. M., & Laidlaw, J. M. (2012). Essential skills for a medical teacher: An introduction to teaching and learning in medicine (2nd ed.). Elsevier.

[17 Harden, R.M., Lilley, P., & McLaughlin, J. (2020). AMEE Guide No. 129: The evolving role of the teacher. Medical Teacher, 42(7), 737–744.https://doi.org/10.1080/0142159X.2020.1730770

[18] Hidayah, N., Surdam, Z., Karsa, NS, Fattah, N., & Arfah, AI (2024). Student perceptions of the Clinical Skills Lab at the Faculty of Medicine, Muslim University of Indonesia. ***Journal of Health Quality Development***, 3(2), 86–93.

[19 Kauffman, H., et al. (2021). The impact of instructor performance on student satisfaction and learning outcomes in higher education: A systematic review. Educational Research Review, 36, 100438.

[20] Kazzazi, F., Hunter, M., & Porter, J. (2023). Enhancing the clinical learning environment: The student perspective. Medical Teacher, 45(2), 210–216.https://doi.org/10.1080/0142159X.2022.2125376

[21] Indonesian Medical Council. (2024). Competency standards for Indonesian doctors. Indonesian Medical Council.

[22] Lamba, S., Nagpal, M., & Grover, M. (2022). Competency-based clinical skills education and its impact on undergraduate medical students' satisfaction: A cross-sectional study. BMC Medical Education, 22, 490.https://doi.org/10.1186/s12909-022-03519-0

[23] Nestel, D., Battista, A., Boursicot, K., et al. (2022). AMEE Guide No. 120: Simulation-based education—Professional roles and identity development. Medical Teacher, 44(2), 125–136.https://doi.org/10.1080/0142159X.2021.1962799

[24] Nestel, D., Bearman, M., Brooks, P., Campher, D., Freeman, K., Greenhill, J., et al. (2021). Establishing the place of simulation in Australian health professional education: AMEE Guide No. 132. Medical Teacher, 43(4), 374–384.https://doi.org/10.1080/0142159X.2021.1880571

[25] O'Neill, P. A., Costa, M. J., Ferencz, C., & Patricio, M. (2023). Supporting students in clinical environments: AMEE Guide No. 140. Medical Teacher, 45(3), 289–302.https://doi.org/10.1080/0142159X.2023.2181052

[26] Panggabean, AF, & Natasha, N. (2016). Overview of the performance of skill lab instructors in the Medical Study Program at the Faculty of Medicine and Health Sciences, University of Jambi. JMJ, 4(1), 15–27.

[27] Rahayu, MS, & Yuziani, Y. (2020). Overview of the performance of clinical skills instructors in the Medical Education Study Program, Faculty of Medicine, Malikussaleh University. Averrous: ***Malikussaleh Journal of Medicine and Health***, 6(2), 11–18.

[28] Ramadhany, NF, & Khoiriyah, U. (2023). Student perceptions of the role of simulated patients in OSCE exams at the Faculty of Medicine, Islamic University of Indonesia. ***Indonesian Journal of Medicine and Health***, 3(8), 21–30.

[29] Ramani, S., Könings, K. D., Ginsburg, S., & van der Vleuten, C. P. M. (2019). Feedback redefined: Principles and practice. ***Journal of General Internal Medicine***, 34(5), 744–749.https://doi.org/10.1007/s11606-019-04874-2

[30] Salameh, B., & Eid, A. (2021). The effect of humorous instructional videos on students' learning, motivation and engagement. Education and Information Technologies, 26, 3401–3415.https://doi.org/10.1007/s10639-020-10441-5

[31] Schofield, S. J., Ebrahimi, F., Chapman, H., & Hays, R. B. (2020). Learning environment in clinical education: AMEE Guide No. 125. Medical Teacher, 42(6), 579–589.https://doi.org/10.1080/0142159X.2020.1733482

[32] Setiawan, IP, van Dalen, J., & Whittingham, J. (2013). Instrument for evaluating didactic performance of clinical skill laboratory teachers. ***Indonesian Journal of Medical Education***, 2(2), 85–93.

[33] Siahaya, CI, Huwae, LBS, Saija, AF, Hataul, II, & Noija, S. (2024). The relationship between the quality of Clinical Skill Lab instructor guidance and student satisfaction levels at the Faculty of Medicine, Pattimura University. ***Health Journal***, 6, 54–62.

[34] Spencer, J., Bligh, J. (2021). AMEE Guide No. 96: Effective teaching skills—A framework for clinical educators. Medical Teacher, 43(2), 123–134.

[35] Spencer, J., Brosnan, C., Coopamah, P., Dacre, J., Dearnley, C., Dornan, T., et al. (2023). AMEE Guide No. 140: Creating effective learning in clinical settings: Strategies for healthcare teachers and supervisors. Medical Teacher, 45(4), 331–343.https://doi.org/10.1080/0142159X.2023.2170845

[36] Williams, B., Brown, T., Etherington, J., & Walsh, K. (2021). Time management and student satisfaction in clinical teaching: A cross-sectional study. BMC Medical Education, 21, 75.https://doi.org/10.1186/s12909-021-02492-5

[37] Yardley, S., Teunissen, P. W., & Dornan, T. (2012). Experiential learning: Transforming theory into practice. Medical Teacher, 34(2), 161–164.https://doi.org/10.3109/0142159X.2012.643264.