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Research Article

A Model For Evaluating Basic Competency of Posyandu Cadres Through The Osce System in The Working Area of The Mamboro Public Health Center in Palu City

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Abstract

Introduction : Posyandu cadres play a crucial role in supporting primary health care through promotive and preventive activities in the community. However, many cadres have not received comprehensive basic skills training, so an objective evaluation model is needed to assess their competency. One method that can be used is the Objective Structured Clinical Examination (OSCE), which assesses cadres' practical and communication skills in a structured and standardized manner. Objective: This study aims to develop a competency evaluation model for integrated health service post (Posyandu) cadres using the OSCE system and to determine the perceptions of cadres and health workers regarding its implementation.

Methods : This study used a Research and Development (R&D) method and was conducted at the Mamboro Community Health Center (Puskesmas), Palu City, from April to July 2025. The sample consisted of eight Posyandu cadres and two Puskesmas staff as primary and key informants. The research instruments included an OSCE video validation checklist and interview guidelines. Descriptive analysis was conducted to assess the model's validity and user perceptions.

Results : The study showed that the OSCE-based cadre competency evaluation model was deemed valid and suitable for use as a tool for objectively assessing cadre skills. Cadres and health workers stated that this model helped improve cadre understanding and skills in providing Posyandu services, particularly in data management, infant and toddler care, and effective communication with the community.

Conclusion : The OSCE-based cadre competency evaluation model has proven effective and can be used as an objective assessment tool for measuring Posyandu cadre skills, while also serving as a reference for future cadre capacity building.

Key words: Cadre competency, Posyandu, OSCE, Evaluation, Learning video

Introduction

The Indonesian Ministry of Health has established six pillars of health transformation, one of which is the transformation of primary care to strengthen promotive and preventive services at the community level[1]. Integrated Health Posts (Posyandu) are the spearhead of primary care, serving to bring health services closer to the community and increase community participation in health development[1,2].

The role of cadres is crucial because they carry out counseling, monitor child growth and development, and provide maternal and child health services at the community level. Based on the Indonesian Ministry of Health guidelines (2023), there are 25 basic skills that Posyandu cadres must master, including Posyandu management, care for infants and toddlers, pregnant and breastfeeding mothers, school-age and adolescents, and adults and the elderly[3].

However, in the Mamboro Community Health Center (Puskesmas) work area, of the 70 active cadres, only 14 have received basic skills training, while the other 56 have not[4]. This disparity creates differences in competency and quality of service across Posyandus. Therefore, an objective and standardized evaluation model is needed to comprehensively assess cadre capabilities[4].

The Objective Structured Clinical Examination (OSCE) is a clinical competency assessment method implemented in a planned and structured manner to ensure objectivity in the assessment (Each participant is tested through several timed stations to demonstrate specific skills, such as communication, data interpretation, and clinical procedures. Each station is assessed using a standardized checklist and evaluated independently by an examiner[5,6] .

In the context of Posyandu (Integrated Health Post) cadre development, implementing the OSCE system can be a strategic innovation for evaluating cadre competency based on the actual skills needed in the field. This model also allows for direct feedback to improve cadre capabilities in public health services[7] .

Based on this background, this study aims to develop a Posyandu cadre competency evaluation model using the OSCE system in the Mamboro Community Health Center (Puskesmas) work area.

Research Methods

This study used a Research and Development (R&D) method to produce a product in the form of a competency evaluation model for Posyandu cadres using the OSCE system[8,9].

Location and Time : The study was conducted at the Mamboro Community Health Center, Palu City, from April to July 2025. Population and Sample: The population consisted of all 70 Posyandu cadres in the Mamboro Community Health Center's work area[5]. The study sample consisted of 10 informants: 8 Posyandu cadres as primary informants and 2 health workers (the Head of the Community Health Center and the Posyandu person in charge) as key informants.

The sampling technique used was purposive sampling, with the following inclusion criteria: a) active cadres for at least 3 years; b) aged 20–60 years; and c) willing to be respondents. The research instruments included: 1) an OSCE checklist used to validate the cadre skills learning video model; 2) an interview guide used to determine cadre and staff perceptions of the OSCE evaluation model implementation.

Primary data were obtained through observation and interviews, while secondary data came from Community Health Center documents and related literature from the Indonesian Ministry of Health. Data Analysis: Qualitative data were analyzed descriptively through reduction, presentation, and drawing conclusions, while quantitative data from the validation sheet were analyzed descriptively using the percentage of feasibility values.

Results And Discussion

Posyandu Cadres' Perceptions of the OSCE-Based Evaluation Model

The OSCE-based cadre competency evaluation model, developed through needs analysis, scenario design, expert validation, limited trials, and revisions, was declared valid and feasible for implementation. The validation test results indicated that the model had a clear structure, was easy to use, and was relevant to the basic competencies of Posyandu cadres[10].

The video-based evaluation model, using the OSCE (Objective Structured Clinical Examination) approach, was viewed as an interesting, challenging, and novel method for the cadres. Previously, most cadres had never participated in such an evaluation; they had only participated in socialization sessions without a systematic skills testing process. The cadres responded positively after watching the OSCE-based evaluation video. They considered the method more varied, clear, and detailed, and encouraged them to study more seriously, especially in memorization and educational communication[11,12].

Cadres and health workers' perceptions of the OSCE model demonstrated positive acceptance. They considered this method to provide a more interactive and objective learning experience than conventional evaluations. Furthermore, OSCEs are considered effective in increasing cadre confidence in communication, anthropometric measurements, and health education for the community[13].

Video as a model for evaluating cadre skills is considered highly potential for implementation. Informants stated that the combination of audio and visuals in videos can help cadres understand, visualize, and remember the material presented more easily than simply listening[9]. Visualization is considered capable of stimulating cadres' thinking and planning in greater depth[14].

While it is recognized that no process is perfect and the possibility of errors or shortcomings in implementation is natural, skills evaluation remains crucial to determine the extent of cadre capabilities. If the evaluation results do not meet expectations, remedial measures are necessary by reviewing the methods used and discussing them with the cadres. This evaluation must also be conducted continuously and consistently, and always accompanied by regular mentoring, as experience shows that a single presentation is often insufficient to produce real changes in the field. Therefore, continued exposure to cadre competency evaluation videos is considered crucial as a form of learning reinforcement[15].

These findings align with the findings of Herlambang et al. (2021) stated that the OSCE is a method capable of assessing practical and communication skills with a high degree of objectivity (1). Standardized assessment and the use of checklists allow for consistent evaluation across participants, making it suitable for adaptation in Posyandu cadre training. Therefore, implementing the OSCE at the primary care level can improve the quality of cadres and strengthen the community-based health care system[16].

Obstacles to the OSCE-Based Evaluation Model

Interview results indicate that the main obstacle or barrier to using the OSCE system for basic skills video models for cadres is the limited availability of resources, such as mobile phones, for regular video access. Furthermore, challenges identified include nervousness when entering the exam room and the ability to

memorize the material[17].

Key informants highlighted significant challenges in implementation, particularly regarding accessibility and cadre interest. Not all cadres have Android phones, and even if some do, their motivation to access and study the video materials remains low. Cadres tend to be more interested in entertainment apps like TikTok or Instagram than in training videos. This suggests that intrinsic motivation and external reinforcement need to be considered in OSCE video implementation strategies, for example by integrating active mentoring or a reward system.

Expectations regarding the Cadre Evaluation Model

Their expectations are that they will achieve the skills demonstrated in the videos. The research team and facilitators also considered the limitations of space, time, and the number of examiners in implementing the OSCE evaluation in the field. Therefore, careful and flexible technical planning is required, for example, by dividing evaluation sessions into stages across several integrated health posts (Posyandu) and widely distributing training videos so that cadres can access and repeat them at home. This approach is expected to become a more standardized and sustainable model for cadre training and skills evaluation[18].

A key informant (the person in charge of the Posyandu) echoed this hope. The person in charge of the Posyandu emphasized that this evaluation video model can be a tool that can be continuously developed, not just as a temporary medium, but also as part of a continuous education and evaluation process. Cadre evaluation should not stop at one stage, but must be conducted periodically and followed up with improvements to any deficiencies. With a consistent process and systematic support, it is hoped that cadre understanding and skills will improve to reach the maximum standards expected in the implementation of integrated Posyandu.

Conclusion

The Posyandu cadre competency evaluation model using the OSCE system has proven valid and appropriate for use as an objective measurement tool to assess cadre skills. The implementation of OSCE can improve cadre confidence, technical skills, and service quality in supporting the transformation of primary care at the community level.

Recommendations

1. Community Health Centers (Puskesmas) and Health Offices are advised to routinely implement the OSCE evaluation model to objectively assess and improve the competency of Posyandu cadres.
2. Posyandu cadres need to continuously practice through OSCE simulations to become more skilled and confident in providing public health services.
3. Educational institutions can utilize this model as a practical skills-based learning medium for health students.
4. Future researchers are encouraged to conduct follow-up research with a larger sample size to test the effectiveness and adapt the OSCE model to a digital format.

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