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### Research Articles

## Informed consent management guidance model of regional anesthesia: Education of young doctors in Teaching Hospitals

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### ABSTRACT

Informed consent is not necessarily a guarantee for a hospital or health service to avoid disputes between the health provider and the recipient of the health service. This can be caused by the disruption of communication that is less effective and efficient where an Anesthesia Co-Assistant is less clear in delivering the informed consent problem so that the patient has another understanding of what the Anesthesia Co-Assistant is saying. So it takes guidance for Co-Assistant Anesthesia to have comprehensive abilities about a) understanding of regional anesthesia, b) understanding of regional anesthetic techniques, c) understanding of indications and contraindications, d) understanding of drug pharmacology, e) understanding of how to deal with complications, f) understanding of effective communication with patients.



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### INTRODUCTION

Guidance is an assistance service for each student, whether carried out independently or individually, whether carried out in groups or groups, to increase independence and develop personal life, social life, skills in learning, skills in planning further careers, with many kinds of services and supporting activities following applicable regulations (Hikmawati, 2016). With directed and measurable guidance, it is hoped that students will be able to achieve the targets or achievements that have been set or formulated previously.

Guidance on Regional Anesthesia Informed Consent is intended for Anesthesia Co-Assistant Students to improve and condense the basic abilities of a prospective Anesthesiologist on a matter that will be in their field. In practice, problems that occur cannot be resolved with informed consent. This means that even though a doctor has provided information and approval, the potential for a dispute will still happen (Looqman, 2000). Regarding this, it can be concluded that the element of delivery is one of the most critical things in increasing the understanding of the patient and the patient's family and avoiding disputes about things that are not expected.

Informed consent is two words that have independent meanings: Informed, which means obtaining information, and consent, which means agreeing or giving permission. So we can conclude that informed consent is an agreement made after obtaining information (Karbala, 2000). The consent given by both the patient and the patient's family must be based on a comprehensive or comprehensive understanding so that the patient and the patient's family can determine whether or not to agree or reject the policies that have been conveyed to the patient and the patient's family either through a doctor or a medical officer on duty.

The level of effectiveness in communicating depends on what method is used. An approach is needed to strengthen communication, namely an ontological approach (the definition of communication), but also axiologically (the process of effective communication) and epistemologically (the function of implementing a communication). Important things in communication that are used in a mentoring, include: (1) the content of what you want to convey as an outcome, (2) the experience and thinking power of students, (3) having a curiosity that makes it active, (4) the response from students. students or guidance participants, and (5) practice rooms for students (Miftah, 2017).

One of the keys to building relationships and improving skills is communication. So that someone can send messages properly and be able to be received according to the content of the message to be conveyed, accuracy and effectiveness in communication are needed. Proper delivery is expected to reduce the risk of disputes that occur due to failure to understand the message intended by the sender of the message. Skills in sending and receiving messages are highly dependent on individual skills. (Sari, 2016) Competence in communicating, of course, makes it important and determines success in health problems experienced by a patient. Effective communication can be a solution to reduce patient doubts, and increase the value of patient compliance (Setyowati, 2021) Because Anesthesia Co-Assistants have various stressors and can be analogized as "novice" workers in the health sector who are prone to make mistakes accidentally because of lack of experience (Putra & Aryani, 2015).

With the ability of an Anesthesia Co-Assistant who is not yet shrewd in processing messages in conveying information that is so important and must be understood by the patient and the patient's family, who will later determine whether or not to agree or not through informed



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consent, it is feared that it will become an event that triggers a dispute between medical staff and patients and their families who will receive medical treatment (Abdu Rauf, 2019).

Co-Assistant and patient can act as a receiver or as a message senders. The patient will convey all the complaints he feels, and the doctor will respond according to his knowledge, and the doctor is obliged and responsible to ensure that the patient understands what the doctor on duty is saying (Ali et al., 2006). Communication does not always end well in the context of solving health problems experienced by patients, one of the most important things in increasing the level of patient compliance with a doctor or co-assistant is an effective communication network because with the realization of effective communication between both parties are expected to be able to be a solution to resolve (Fourianalistyawati, 2012).

Co-Assistants must be able to provide complete and appropriate services; of course, this is not something that is easy to do, especially regarding the healthy lifestyle that has been carried out by patients, because the level of patient compliance can be influenced by cultural factors (Larasati, 2019). The level of compliance and patient anxiety can be increased by an effective communication method to explore the extent to which a doctor can actually explore the relationship or bonding between a patient and Co-Assistant Regional Anesthesia (Pratita et al., 2014). This problem is hampered by communication between the two parties, which often causes the problem to have more opinions to show or raise problems than to choose an opinion to find solutions to the issues at hand (Sari, 2016). An Anesthesiologist's guidance is also needed to regulate and control a good, clear and smooth delivery method. Because by mastering this ability, it is likely that the patient will understand everything that is done by a

health worker attached to the informed consent will become easier for the patient (Setyowati et al., 2020).

## METHOD

This study uses a qualitative method with interview techniques, which has been approved by the ethics section. In-depth, formal, and open interviews are the main points in qualitative nursing. A formal qualitative interview is a conversation that does not have a structure and usually aims to prioritize verbatim (word for word) data transcripts. A rigid question structure is not an option in making interview guidelines. The interview guide was prepared using a set of general questions. The general rule in qualitative interviews is to allow time and flexibility for participants to capture as much information as possible from a fairly broad data source. The purpose of doing this is to capture the participants' perspectives (Robinson, 2000), followed by a discussion about using informed consent for the maximum of 15 Anesthesia Medical Students practicing at Roemani Muhammadiyah Hospital Semarang. Each interview session is carried out for approximately 60 minutes with a discussion of informed consent relating to a) understanding of regional anesthesia, b) understanding of regional anesthetic techniques, c) understanding of indications and contraindications, d) understanding of drug pharmacology, e) understanding of how to handle complications, f) understanding of effective communication with patients.

## RESULT

From discussions and interviews conducted with 15 medical students conducted at the Roemani Muhammadiyah Hospital in Semarang, the following results were found :



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**Table 1.** Understanding of informed consent

Understanding of informed consent items	Yes (%)	No (%)
Able to convey about regional anesthesia	27	73
Able to convey regional anesthetic techniques	13	87
Able to convey indications and contraindications	20	80
Able to convey about drug pharmacology	47	53
Able to convey how to handle complications	33	67
Able to convey effective communication with patients.	13	87
<b>Average ability to convey material</b>	<b>26</b>	<b>74</b>

Students who are practicing are less able to communicate effectively and efficiently in delivering general anesthesia to anesthesia patients at Roemani Muhammadiyah Hospital Semarang. The language conveyed tends to use complicated diction choices that potentially reduce the patient's sense of trust in medical personnel (Co-Assistant Anesthesia).

## DISCUSSION

In this study, the 15 students who participated in the interview session still had difficulty communicating effectively and efficiently with patients. One of the most common reasons found in this interview is the feeling of nervousness when meeting directly with patients and their families. What has been learned from the learning period while at the Faculty is sometimes simply forgotten and causes what is conveyed to patients becomes convoluted, more complicated and difficult to understand.

The factor regarding mastery of the material has also become the focus of researchers in making assessments of Anesthesia Medical Students who are practicing at Roemani

Hospital. With poor knowledge of the material, they cannot carry out proper communication analysis and provide answers as desired by the patient or the patient's family.

In these discussions and interviews, the researcher also provided full guidance and gave examples of cases that an anesthesiologist would often face in the actual work field. As an Anesthesiologist, the delivery of General Anesthesia must be conveyed simply so that there is no failure to understand the patient. The way it works and the schema of the nervous system is quite complex; it must be able to reach the patient clearly in simple word choices, considering that the patients at Roemani Hospital are quite diverse.

The Anesthesia Medical student has the same obstacles in delivering, namely the lack of experience directly dealing with patients so that it creates a sense of nervousness, public speaking skills that have not been sufficiently trained and an incomplete understanding of regional anesthesia, regional anesthetic techniques, indications and contraindications, drug pharmacology, how to handle complications, effective communication with patients. The



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researcher also provides tips that can help the Anesthesia Medical Student when he later becomes an Anesthesiologist who practices at the hospital. And also the delivery of 6 (six) ways to overcome communication comprehension, namely by preparing and practicing, putting communication comprehension from a different point of view, trying to stay relaxed, focusing on success, improving skills and experience in communicating, and getting used to being in situations to communicate (DeVito, 2007).

The theories that the Anesthesiologist Co-Assistant has accepted during his studies at the Faculty of Medicine cannot be directly used to answer or educate every question posed by the patient. The ability to process words verbally certainly requires experience in the field to ensure the patient and the patient's family convey any theories that are in accordance with the conditions in the field. With a theoretical basis that is not strong and is not sure, of course, it cannot convince the patient's family. The delivery method is stammering; body movements that look doubtful can reduce the level of confidence of the patient and the patient's family towards a doctor or Anesthesiologist Co-Assistant.

It takes guidance through flowing discussions and providing examples of cases in the field to increase the confidence of the Anesthesia Co-Assistant in conveying the appropriate informed consent, which must be approved or rejected by the patient without hesitation. So that it minimizes the potential for patient misunderstanding and minimizes the occurrence of disputes that can arise during health care at the hospital.

## CONCLUSION

Discussions and interviews conducted between researchers and 15 Anesthesia Medical Students for 2 weeks showed that the communication method between Anesthesia Medical Students

and patients and their families was not effective and efficient due to the lack of a comprehensive understanding of regional anesthesia, regional anesthetic techniques, indications and contraindications, pharmacology of drugs, how to deal with complications, effective communication with patients, so it is necessary to provide general and specific guidance to deal with situations that may be faced by an anesthesiologist during practice.

## REFERENCES

- Abdu Rauf, S. H. (2019). Konsep Jaringan dan Aplikasi Teori Jaringan Sosial ke dalam Jaringan. *Malaysian Journal of Social Sciences and Humanities*, 2019.
- Ali, M. M. A., Sidi, I. P. S., Hadad, T., Adam, K., Rafly, A., Zahir, H., Broto, W., Sudjana, G., Witjaksono, M., Claramita, M., Hariyani, S., & Kharsadi, T. (2006). *Komunikasi Efektif Dokter dan Pasien* (M. M. A. Ali, I. P. S. Sidi, & H. Zahir (eds.); Vol. 1). Konsil Kedokteran Indonesia.
- DeVito, J. A. (2007). *The Interpersonal Communication Book*. Pearson/Allyn and Bacon.
- Fourianalistyawati, E. (2012). Komunikasi Yang Relevan Dan Efektif Antara Dokter Dan Pasien. *Jurnal Psikogenesis Fakultas Psikologi Universitas YARSI*, 1. <https://doi.org/https://doi.org/10.24854/jps.v1i1.37>
- Hikmawati, F. (2016). Model Bimbingan Manajemen Inform Consent Regional Anestesi , Pendidikan Dokter Muda di Rumah Sakit Pendidikan. In *Bimbingan dan Konseling*. PT Raja Grafindo Perkasa.
- Karbala, H. (2000). *Segi-segi Etis dan Yuridis Informed Consent*. Pustaka Sinar harapan.
- Larasati, T. A. (2019). Komunikasi Dokter-Pasien Berfokus Pasien Pada Pelayanan Kesehatan Primer. *Jurnal Kedokteran Universitas Lampung*, 3.
- Looqman, L. (2000). *Tinjauan Hukum Pidana Terhadap Hubungan Tenaga Kesehatan*.



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<http://journal.um-surabaya.ac.id/index.php/qanunmedika>



- Miftah, M. (2017). *Komunikasi Efektif Dalam Pembelajaran*. [http://web.unair.ac.id/admin/file/f\\_359](http://web.unair.ac.id/admin/file/f_359)
- Pratita, A. L., Indrawanto, I. S., & Handaja, D. (2014). Hubungan Antara Komunikasi Efektif Dokter-Pasien Dengan Tingkat Kecemasan Pada Pasien Preoperasi. *Jurnal Ilmu Kesehatan Dan Kedokteran Keluarga*, 10.
- Putra, S. S. I. G., & Aryani, L. N. A. (2015). Hubungan Antara Tipe Kepribadian Introvert Dan Ekstrovert Dengan Kejadian Stres Pada Koasisten Angkatan Tahun 2011 Fakultas Kedokteran Universitas Udayana. *E-Jurnal Medika Udayana*.
- Robinson, J. P. (2000). Phases of the qualitative research interview with institutionalized elderly individuals. *Journal of Gerontological Nursing*, 26, 17.
- Sari, A. W. (2016). Pentingnya Keterampilan Mendengar Dalam Menciptakan Komunikasi Yang Efektif. *Jurnal EduTech*, 2(1), 1–10. <http://jurnal.umsu.ac.id/index.php/edutech/article/view/572>
- Setyowati, T. (2021). Pengembangan Manajemen Parenting Regional Anestesi Bagi Keluarga Pasien oleh Co Assistant Anestesi. *Prosiding Seminar Nasional Unimus*, 4, 1776–1782.
- Setyowati, T., . S., Prihatin, T., & Muslim, R. (2020). Model of Regional Parenting Management Anesthesia By Co-Assistent Anesthesia. *International Journal of Innovative Research in Advanced Engineering*, 07(06), 289–292. <https://doi.org/10.26562/ijirae.2020.v0706.001>