

MODEL OF REGIONAL PARENTING MANAGEMENT ANESTHESIA BY CO-ASSISTANT ANESTHESIA

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Abstract: This study aims to improve parenting services in regional anesthesia, with parenting activities carried out by the assistant anesthetist expected to improve the understanding of the patient's family of regional anesthesia. The research approach uses Research and Development (R&D) to process data to reach the final model, based on data from literature studies, literature studies and preliminary research through questionnaires and observations and interviews on how much understanding the patient's family understands about regional anesthesia's understanding on a basic basis. Therefore, the presence of researchers directly in the field as a benchmark of success in understanding the cases under study, so that direct and active involvement of researchers with informants and or other data sources here is absolutely necessary. In the Parenting activities carried out by the Co-Assistant Anesthesiologist, there are 5 important elements that must be fulfilled, (1) Clinical Instructure, (2) Co-Assistant Anesthesia, (3) Guidelines, (4) Learning Process, and (5) Formation of Co Club Assistant Anesthesia. The purpose of parenting carried out by the anesthesiologist Co-assistant is as follows. (1) Improve understanding, responsibility, and quality of the implementation of parenting conducted by Co-Assistant Anesthesia (1) Build a conducive atmosphere so that the needs of developing Co-Assistant Anesthesia can be applied effectively and efficiently (3) Provide guidance to the Co-Assistant to be more proactive in self development.

Keyword: Management; Model; regional; parenting; anesthesia

I. INTRODUCTION

Regional anesthesia makes certain parts of the body numb to relieve pain or allow surgical procedures to be performed (Torpy, 2011). Which is a service provided to hospitals to patients before carrying out surgery? Regional anesthesia is one type of anesthesia that aims to inhibit pain in most members of the body [1]. Until now; anesthesia was considered a scary act because of the lack of information received by patients about regional anesthesia. The patient's lack of understanding of regional anesthesia can cause anxiety. This anxious reaction will continue if the patient has never or lacked information related to the disease or actions taken against him [2]. Anxiety factor has the potential to become an obstacle in performing regional anesthesia, therefore providing guidance or stimulus must be carried out before regional anesthesia. The Parenting activity carried out by the Co-Assistant Anesthesiologist is a part of education management, and not as a form of transfer of responsibility from an Anesthesiologist to the Co-Assistant Anesthesiologist, because the doctor will still do regional parenting anesthesia to the patient's family before regional anesthesia is performed.

In family parenting, the patient requires managerial skills, communication, building relationships and negotiating. Communication in Parenting has a large portion in supporting the success of every patient who will undergo invasive procedures, such as surgical procedures that will undergo regional anesthesia procedures. Anesthesia itself generally means an action to relieve pain when performing surgery and various other procedures that cause pain to the body. From the patient's point of view, the relationship that exists in parenting the patient's family anesthesia will increase trust and effective communication. The doctor will be responsive to the patient's response to the information submitted. Patients will be more open in listening and learning. The same exchange of views will be easy to develop and patients are more willing to take action according to their expectations. Patients will be more ready to receive anesthetic action in the presence of good relations, sometimes it can be marked by suggesting others to the doctor who has a good relationship with him. The success of parenting anesthesia in the patient's family refers to the effective communication law, which is widely discussed in various literatures abbreviated in one word, Reach, which in Indonesian means to achieve [3]. R in Reach in question is Respect, which is to respect, referring to the process of valuing each individual who is the target of the message delivered by the communicator. If individuals build communication with a sense of mutual respect and respect, then cooperation that produces synergy can be built, which will increase the effectiveness of performance, both as an individual and as a whole.

II. LITERATURE REVIEW

Regional Anesthesia Parenting Management by Co-Assistant Anesthesia

The Regional Anesthesia Parenting Management Model by the Co-Assistant Anesthesiologist consists of 5 elements with the following explanation and discussion:

1. Clinical Instructure

Clinical Instructure is the first element in the Parenting Regional Anesthesia Management model for patients' families by the Co-Assistant Anesthesiologist [4],[5]. Because it has a very important role in this model, a clinical instructor should be able to become a role model, for Co-Assistant Anesthesiologists who have credibility so that they can become a good pilot figure and are in accordance with the expected performance targets in conducting regional anesthesia parenting guidance for family of patients who have a diverse background in the Roemani Hospital Muhammadiyah Semarang, in this case making the Co-Assistant Anesthesiologist (Young Doctor of Anesthesia) with parenting knowledge of the patient's family is the target of initial achievement, so that the Co-Assistant Anesthesiologist (Young Anesthesia Doctor) has the ability in the real parenting area of anesthesia.

2. Co-Assistant Anesthesia

In a study conducted by Tatpuje (2003), it was found that obtaining basic skills, these basic skills are reflected in pre-education activities, education or teaching activities (training) and post-education or teaching follow-up (post training follow up) as a phase that will lead to the creation of a Parenting culture within the Co-Assistant Anesthesiologist (Young Doctor).

3. Guidance

Guidelines in delivering parenting, the patient's family must be structured and as effective as possible, this Guideline in delivery is a product of the Regional Anesthesia Parenting Management Model for the patient's family by the Co-Assistant Anesthesiologist, so that the counseling process of the patient's family can run well [6],[7],[8]. The guidelines for delivery or guidance in regional parenting anesthesia contain several elements that must be included, among others:

- a. A complete description of the procedure to be used in certain medical procedures.
- b. A description of the side effects and unwanted effects that may arise.
- c. Description of the benefits that can be anticipated for patients
- d. A description of the estimated duration of the procedure / therapy / action
- e. Prognosis about the patient's medical condition if he refuses the medical action

4. Learning Process

Regional Anesthesia Parenting Management for the patient's family by Co-Assistant Anesthetics (Young Anesthesiologist) is centered on Co-Assistant Anesthesia (Student Anesthesia) (student centered), so that the Co-Assistant Anesthesiologist (Young Anesthesia Doctor) can understand more easily and is able developing itself, one of the success factors in implementing Regional Anesthesia Parenting Management for patients' families by Co-Assistant Anesthesiologists is the ability of clinical instructors to deliver material and provide clear and coherent guidelines, such as assisting Co-Assistant Anesthetics (Young Doctors Anesthesia) provides tips in caring for the patient's family by trying to feel the position of the patient's family feel, and done along with the standard work mechanism to be achieved [8]. Clinical Instructure monitors, directs and evaluates the work of the Co-Assistant Anesthesiologist to get the desired results according to the standards set [9],[10].

5. Formation of Co-Assistant Anesthesia Club

The development of the Co-Assistant Anesthesiology Club (student club development) in this model is in the form of center-based learning management. The formation of small groups by research subjects will motivate the Co-Assistant Anesthesiologist to be better able to work together in teams in each center [11]. Generalization in small groups is easier to help subjects who have lower competencies to become better, because in the center, the Co-Assistant Anesthetics (Young Doctor of Anesthesia) work together, exchange ideas and thoughts, exchange input and critics

III. RESEARCH METHOD

The research approach uses Research and Development (R&D) [12] to process data to reach the final model, based on data from literature studies, literature studies and preliminary research through questionnaires and observations and interviews about how well understanding patients' family understanding of regional anesthetics is comprehensively basic. Thus referring to the characteristics of the descriptive method, this research is intended to describe and try to study a situation or condition of the process activities, the implementation of positive care, supporting and inhibiting factors, and the results of the Regional Anesthesia Parenting Management Program by Co-Assistant Anesthesiology, the benefits are not only can be felt now but can be an evaluation or improvement in the future.

The stages used in this research are: (1) Preliminary Study, (identification of potential and problems, data collection, literature study and relevant research results), (2) Making product design, (3) Expert Validation and Practitioner Validation. In a study, data analysis is needed to provide answers to the problems studied. Data analysis in this study uses qualitative methods. Research using qualitative methods departs from assumptions about reality or social phenomena that are unique and complex. There are certain regularities or patterns, but they are full of variations [13]. Data analysis is the process of arranging data sequences, organizing them into patterns, categories and basic units of description [14]. While the qualitative method is a research procedure that produces descriptive data in the form of written or oral words from people and observable behavior.

In the process of analyzing data on the main components that must be really understood. The components are data reduction, data review and conclusion drawing or verification. To analyze various existing data, analytic descriptive method is used. This method is used to describe the data that has been obtained through a deep analytic process and subsequently accommodated in coherent form of language or in the form of narrative. Data analysis is carried out inductively, which starts from the field or empirical facts by plunging into the field, studying the phenomena in the field. Data analysis in qualitative research is carried out simultaneously with the process of data collection according to Miles and Humberman (1992). Data collection techniques in this study were (1) interviews, and (2) observations (3) Questioners (4) FGDs. The data collection techniques are equipped with data collection instruments in the form of: (1) Interview guidelines, and (2) Questioners. Internal validation with FGD activities and expert (individual) discussions using data collection techniques in the form of discussion material notes in structured discussions.

IV. CONCLUSION

From the research that has been done, the following conclusions are found: (1) Effective communication conducted by the Co-Assistant Anesthesiologist in conducting parenting coaching can improve the service of regional anesthetic actions to be provided to patients, (2) Regional anesthesia parenting activities by the Co Assistant Anesthesia has 5 important elements that must be fulfilled in it, namely (a) Clinical Instructure (b) Co-Assistant Anesthesia (c) guidelines (d) learning process, and (e) formation of Co-Assistant Anesthesia clubs.

V. SUGGESTION

The development of the Regional Anesthesia Parenting Management Model by Co-Assistant Anesthetics (Young Anesthesiologist) needs to be carried out because: (1) Increasing effective communication learning to the Co-Assistant needs to be controlled in order to maximize the parenting activities that will be given by the Co-Assistant Anesthesiologist to patients (2) The application of 5 important elements in regional management of anesthesia requires several things to be applied: (1) discipline over time, and (2) objectivity in high commitment in the development of Regional Anesthesia Management by Co-Assistant Anesthesiologist), both inside and outside the hospital

For policy making institutions in the scope of education and training providers in hospitals, the model can be used as a reference in formulating policies relating to the development of Regional Anesthesia Parenting Management for patients' families by the Co-Assistant Anesthesiologist.

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