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Model of Regional Parenting Management Anesthesia for Patient Family By Co-Assistant Anesthesia

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***Abstract*---This study aims to create a regional anesthesia parenting management model for patient families by the anesthesia Co-Assistant to improve the understanding of the patient's family of regional anesthesia. The method used in developing this model is the Research & Development approach. Development of a regional anesthetic parenting management model for patient families by Co-Assistant is very necessary because Co-Assistant Anesthesia is a part of the health practitioner who often interacts directly with the patient's family before and after regional anesthesia, the development of a regional anesthesia parenting management model for the patient's family by the Co-Assistant Anesthesia is expected to be able to minimize complaints due to family misunderstanding a patient for Regional AnesthesiaFor education and training providers in the Teaching Hospital. The Regional Anesthesia Parenting Management Model for patients' families by the Co-Assistant Anesthesiologist is also expected to be able to deliver the Co-Assistant Anesthesia towards success, and become a useful person. Implementation of the model to obtain optimal and quality results. Then it is needed: (1) discipline over time, and (2) objectivity in high commitment in the development of the Regional Anesthesia Management Model for patients' families by the Co-Assistant Anesthesiologist, both inside and outside the Hospital**

Keywords: Model, Anesthesia, Parenting Management, Co-Assistant Anesthesia

I. INTRODUCTION

One of the services available at the Hospital is Regional Anesthesia that is performed before surgery. Regional anesthesia makes certain body parts numb to relieve pain or allow surgical procedures to be performed (Torpy, 2011) Regional anesthesia is one type of anesthesia that aims to inhibit pain in most parts of the body (IDSAI, 2008).

To date, most people think that regional anesthesia is a frightening act. This anxious reaction will continue if the patient has never or lacked information related to the disease or actions taken against him (Herlina, 2012). If the patient's anxiety is not resolved immediately, it can interfere with the process of regional anesthesia, for that the provision of guidance or stimulus must be carried out before the regional anesthetic action. 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.

Many studies have proven that patients who express their agreement because of their knowledge and understanding of the information provided to them, will show better results than vice versa (Pratita, 2017). the patient's family going to regional anesthesia, this of course influences the level of patient family's rejection of the regional anesthetic action, in an interview conducted at Roemani Muhammadiyah Hospital Semarang it was found that one of the reasons why the Regional Anesthesia rejection occurred was due to the lack of understanding of the patient's family which caused excessive anxiety over the regional anesthetic actions that they will receive.

This condition is very influential on the patient's healing process. The patient will feel calm and safe to be handled by the doctor so that he will obediently carry out the doctor's instructions and advice because he believes that everything that is done is in his self interest which is a form of increasing patient understanding through parenting delivered by the Co-Assistant Anesthesiologist.

By minimizing the gap between the Anesthesiologist and the patient's family is a step taken to make it easier for the patient's family to understand Regional Anesthesia. This can be seen from several aspects, in terms of equality (homophily). Every individual who has the same characteristics tends to connect or be connected with one another. Second, in terms of influence. Every individual who is connected tends to influence others (Abdu Rauf, 2019). Co-Assistant Anesthesia

here stands as an effective bridge between the Anesthesiologist and the patient's family, and the tendency for effective communication according to Rogers (2003) is due to the Homophily factor, which is a condition where individuals communicate about the same thing (Muflihah & Susanto, 2017).

II. METHODS

The research and development (R&D) approach (Rahman, 2011) contains three main components, namely: (1) the development model, (2) research and development procedures and (3) product trials.

Borg and Gall (2007) emphasized the characteristics of the R&D approach: (1) preliminary or preliminary studies, (2) product development, (3) field testing, and (4) product revision. Preliminary studies are useful for gathering data and looking at findings in the field. Product Development is a step based on findings in preliminary research. The field test is intended to apply the Model based on the previous two steps. While the product revision is a revision of the deficiencies that become obstacles in the field before becoming a Final model.

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 this study, researchers act as data collectors and as active instruments in the effort to collect data in the field, while other data collection instruments are various forms of assistive devices and in the form of other documents that can be used to support the validity of research results, but functions as a supporting Instrument. Therefore, the presence of researchers directly in the field as a benchmark of success to understand the cases under study, so that direct and active involvement of researchers with informants and or other data sources here is absolutely necessary Research using the Borg and Gall R&D approach (2007 : 590) has 10 steps, namely: (1) research and information collecting, (2) planning, (3) developing preliminary form of product, (4) preliminary product revision, (6) playing field testing, (7) operational product revision, (8) operational field testing, (9) final product revision, (10) dissemination & distribution. Considering the time and cost constraints that researchers have in making the development of the model, the procedure is taken in stages of the activities, as follows:

1) Research and information as the initial initial stages: (1) Preliminary studies, (2) Literature Studies,

2) Planning and developing preliminary of product as a stage of making model design

3) Model Validation (Experts and Practitioners) which is then analyzed and revised.

The research subjects in this study were the chair of the anesthesia study program, anesthesiology lecturer, and assistant anesthesia co-students

According to Rachman, in addition to using appropriate methods, research also needs to choose the relevant data collection techniques and tools. The method used for the data collection process in this study is the triangulation process. The reason for using triangulation is that there is no single data collection method that is very suitable and can be absolutely perfect.

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 uses data collection techniques in the form of discussion material notes in structured discussions.

Data analysis techniques in preliminary research used interactive analysis techniques. Data analysis techniques in developing the model and internal validation using qualitative techniques.

III. RESULT AND DISCUSSION

Regional Anesthesia Parenting Management. The ability to understand regional anesthesia for the patient's family cannot naturally grow, the cognitive understanding of the patient's family certainly needs to be cultivated. The development of a more comprehensive understanding of regional anesthesia for patients or their families can be grown by Co-Assistant Anesthesia through parenting activities.

Managed parenting activities are certainly able to be a solution for the patient's and family's lack of understanding of regional anesthesia, however, the lack of understanding of the patient's family and regional anesthesia patient can lead to the rejection of the regional anesthetic action that will be given due to the lack of information about regional anesthetic actions.

Planning carried out in the Final Model of Regional Anesthesia Parenting Management by Regional Anesthesia Co-Assistant for patients' families is based on an analysis of the model development needs discussed earlier. The needs analysis that has been carried out and supplemented with the formulation of research objectives, was developed to become a master plan in developing the Final Model of Regional Anesthesia Parenting Management by Regional Co-Assistant Anesthesia for patient families in a training plan for Co-Assistant Anesthesia.

Final Model of Regional Anesthesia Parenting Management by Regional Co-Assistant Anesthesia for patients' families that has been

planned is continued with organizing, the organization in question is the guidance carried out by a Clinical Instructor for Co-Assistant Anesthesia, which is then followed by collaboration with colleagues (Co Assistant Anesthesia) who provide assistance in parenting activities to the families of regional anesthesia patients. These activities are included in the activities of the activation of the Final Model of Regional Anesthesia Parenting Management by the Regional Anesthesia Co-Assistant for patients' families

Evaluation in the Final Model of Regional Anesthesia Parenting Management by Regional Co-Assistant Anesthesia for the patient's family is assessed from the impact received by the patient. The assessment is carried out in order to show an unbiased result of the parenting activities that the Co-Assistant Anesthesia has performed on the patient's family. Assessment of the patient's family understanding can be seen from the research instrument in the form of a questionnaire given to the patient's family regarding an understanding of regional anesthesia.

And finally proceed with controlling activities, in the Final Model of Regional Anesthesia Parenting Management by Regional Anesthesia Co-Assistant for patients' families, the changes appear in the discussion section for continuous improvement of parenting programs, which are carried out by Anesthesiologists and Co-Assistant Anesthetics as a form of further control of Regional Anesthesia Parenting Management by Co-Assistant Anesthetics for Families of Regional Anesthesia Patients

The final model of Regional Anesthesia Parenting Management by Regional Anesthesia Co-Assistants for family of patients that is organized and measured is expected to be a solution to improve services at the Hospital while educating the families of regional anesthetic patients to have a wider understanding of regional anesthesia. With the increase in information that is owned by the family of regional anesthesia patients, it is of course expected to be able to minimize the rejection of regional anesthetic actions due to the lack of information held by the patient's family about regional anesthesia activities.

IV. CONCLUSION

From the research that has been done, the following conclusions are found: (1) Factual Model of Regional Anesthesia Parenting Management by Co-Assistant Anesthesia for Families of Regional Anesthesia Patients is that parenting has been applied to the patient's family, but the application is not structured and planned, so it is not it is possible to carry out an evaluation and control function in its application (2) Empirical Model of Regional Anesthesia Management by Co-Assistant Anesthesia for families of regional anesthesia patients is a new breakthrough in its actualization as a model that is able to bridge between the Anesthetist Specialist and the families of regional anesthesiologists patients with better, and programmed (3) Final Model of Regional Anesthesia Parenting Management by Co-Assistant Anesthetics for families of regional anesthesia patients is feasible to use because it is beneficial in improving the quality of service quality and increasing family understanding of regional anesthesia patients.

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