KNOWLEDGE OF BASIC LIFE SUPPORT (BLS) in FIRST YEAR MEDICAL STUDENTS FACULTY of MEDICINE UDAYANA UNIVERSITY

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Basic life support is a skill in early relief measures to maintain the airway, support breathing and circulation to promote emergency oxygenation during resuscitation. These skills must be mastered to reduce the adverse effects of cardiac arrest. The purpose of this study is to determine the level of knowledge of students at the faculty of medicine Udayana University against BLS.

This study is a cross sectional descriptive study conducted at the Faculty of Medicine Udayana University. The number of samples of this study is 170 from all first year course students. The study programs at Udayana University's medical faculty include medicine education programs, nursing, psychology, dentistry, physiotherapy, and public health sciences.

Characteristics of data obtained by sex category dominated by male is 49 people (28.9%), by educational background dominated by medicine programs as 65 people (38.2%), and the result in each study program, the result of knowledge level on BLS is not good, while the level of knowledge is medicine education is a study program that has more knowledge from other study program that is 4 people (6,2%), nursing 2 person (8.7%) and psychology of 1 person (5.0%). Others have less knowledge.

This indicates that the study program influences the level of knowledge about the BLS and from respondents who have never received and received material before have insufficient knowledge.

Keywords: knowledge, BLS, BLS questionnaire, cardiac arrest

INTRODUCTION

Cardiac arrest is a sudden loss of cardiac function, can occur in someone who is diagnosed with heart disease or health people. In America, cases of cardiac arrest outside the hospital are the leading cause of death in adults. There are 300,000 people annually, with an incident of 56 per 100,000 people per year with immediate help. In Denmark, the incidence of cardiac arrest as much as 62 per 100,000 people per year, of whom 3500 are receiving immediate help. In most cases, from the onset of the incident the patient is exposed to cardiac arrest until arriving at the emergency service takes a considerable amount of time. In addition about distance, the patient's prognosis is also influenced by early management of cardiac pulmonary resuscitation.7

In cardiac arrest case, it is important to conduct Basic Life Support (BLS) in the early minutes.² BLS is not only performed by medical officers, but can be done by anyone with the condition that person has ever had basic knowledge about BLS. So that later can provide a better prognosis in patients, reduce the morbidity and mortality rates of patients.¹

Several studies mentioned about BHD knowledge conducted in Saudi Women University found that respondents have low knowledge.⁵ Meanwhile, in European studies of 13 countries of respondents who have good knowledge is the Swedish State.⁴ In Indonesia, research on BHD knowledge conducted by Elda L. Hutapea 2012 has a low level of knowledge

Until now, there is no data that provides an overview of the level of knowledge on BLS from students throughout the Faculty of Medicine in Indonesia generally and in Bali particularly. Therefore, the authors are interested to make a preliminary study on the level of knowledge of students throughout the study program at the Faculty of Medicine Udayana University related BLS.

METHODS

This research is a descriptive research with cross sectional approach. Data collected using questionnaire containing informed consent and questions about BLS. The sample used in this study amounted to 170 people. Using the wrong Guttman scale = 0, true = 1. Good = if the percentage of answers is true 76% - 100% of all questions. Enough = if the percentage of answers is correct 56% - 75% of all questions. Less = if the percentage of answers is correct <56% of all questions.

RESULTS

Characteristics of respondents in this study include study program, gender, age, and experience. Each sample size of the physiotherapy program's was given as 20 samples (11.8%), nursing as 23 samples (13.5%), psychology as 26 samples (11.8%), public health as 26 samples (15.3) dentistry program's as 16 samples (9.4%) and medicine program's 65 samples (38.2%). The majority of respondents were female (121.1%) and men (49,9%). Most respondents were 18 years old 134 people (78,8%). While the age of 19 years 21 people (12.4%), and the respondent with the smallest age is 17 years 15 people (8.8%). Respondents who have experience are 18 people (10.6%) and those who do not have experience about BHD material is 152 people (89.4%).

In the whole study program none was found to have good knowledge. In the physiotherapy program's 20 people (100%), public health sciences 26 people (100%), nursing 21 people (91.3%), psychology 19 people (95%), medicine program's 61 people 93.8%) and dentistry 16 people (100%) have a low level of knowledge. While the study program that includes the level of knowledge is comprised of 4 physician education (6.2%), nursing 2 people (8.7%), and psychology 1 person (5.0%). So that medicine program's and nursing program's have a better level of knowledge than other courses.

Based on the results of questionnaires conducted the relationship between experience and knowledge found that of 147 people (96.7%) with a low level of knowledge, 5 people (3.3%) who have a level of knowledge that is and no one has good knowledge is respondents who have no experience. While 16 people (88.9%) with low level of knowledge, 2 people (11.1%) who have moderate knowledge level and none who have good knowledge are respondents who have had experience.

DISCUSSION

Knowledge on study program accordance with the understanding and purpose of Widarwati, 2012 states that the study program is built so that students can progress through the level of achievement of learning outcomes and requirements associated with each stage of the study program, to qualify. Due to the medicine program's and nursing program's is a study program that studies on how to maintain human health and restore humans in good health by providing treatment for illness and injury.

The relationship between experience and knowledge by Hutapea, 2012 describes that this is due to the longer individuals working there event will be waiver of things that are commonly done every day.

CONCLUSION

In conclusion There is a relationship between BHD knowledge level and study program at first graduate students at Udayana University Faculty of Medicine. There is no relationship between knowledge level of BHD and experience in first grade students at Medical Faculty of Udayana University.

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