

Level Of Knowledge Of General Doctors At RSU F.L. Tobing Sibolga Concerning Visum Et Repertum Development Before and After Training

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Abstract

Visum et Repertum as evidence to replace the victim's body, which is made by a doctor in accordance with a written request from the investigator. Based on registration data, the National Police recorded that during the 2020 period there were 247,218 crime incidents. The demand for making Visum et Repertum is increasing because it is around 50-70%. This research is an experimental study with a before and after design to describe the level of knowledge of general practitioners at RSU FL. Tobing about making a clinical Visum et Repertum systematically and accurately. Conducted at RSU F.L. Tobing Sibolga from March to July 2022. The sample is General Practitioners at RSU F.L. Tobing Sibolga who met the inclusion and exclusion criteria were obtained using a total sampling technique, where research subjects were asked to make a Visum et Repertum based on real cases that had been prepared in advance through photographs. Based on the calculation of the results of tests conducted on 30 respondents, it was stated that before the training there were 23 respondents who did not know or did not understand about the making of Visum Et Repertum Treatment. Then there are only 7 respondents who understand and understand the making of Visum Et Repertum for Injury. Meanwhile, after the training resulted 25 respondents who already understand and understand the making of Visum Et Repertum Treatment. There are only 5 more respondents who do not understand and understand the making of Visum Et Repertum for Injury. The level of knowledge of General Practitioners at RSU F.L. Tobing Sibolga regarding the making of Visum et Repertum for live victims of injury cases before being given the material, 23 people (76%), middle 5 people (16%), and 2 people got good results (8%). Meanwhile, after being given the material, it was found that the results of making a bad visa were 0 people (0%), middle 8 people (27%), and good as many as 22 people (73%). There was an increase in the ability to make Visum et Repertum after being given the material. Where the value of the quality of the post-mortem before being given the material was 45.09% (poor) increased to 71.77% (medium).

Keywords: F.L Tobing General Hospital; General Practitioner; Knowledge Level; Visum et Repertum

1. Introduction

Regionally, at the North Sumatra Province level, according to data from the Central Statistics Agency, during 2018, the North Sumatra Regional Police recorded a total of 32,922 crimes, which shows that the North Sumatra Police area ranks second nationally after the Metro Jaya Regional Police. At this time the demand for Visum et Repertum (VeR) especially Visum et Repertum injuries is increasing because about 50-70% of cases that come to the hospital, especially the emergency department, are cases of injury or trauma. The large number of requests for making Visum et Repertum (VeR) is accompanied by many errors found in making Visum et Repertum (VeR) which results in the low quality of Visum et Repertum (VeR) itself. Knowledge is the result of 'knowing', and this occurs after a person has sensed a certain object. Sensing occurs through the five human senses, namely the senses: sight, hearing, smell, taste and touch. Most of human knowledge is obtained from the eyes and ears. Knowledge or cognitive is a very important domain for the formation of one's actions (overt behavior). The term Visum et Repertum (VeR) comes from Latin, visum means "seen", et means "and", and repertum means "found". In simple terms, Visum et Repertum (VeR) can be interpreted as "see and report. VeR is a statement made by a doctor at the request of an authorized investigator regarding the results of medical examinations of humans, whether living or dead, or parts or suspected parts of the human body based on their knowledge under oath for the benefit of the judiciary. In an effort to enforce law and justice to resolve a court case, law enforcement officers need evidence related to the case. One of the valid evidence as it is known today is in the form of Visum et Repertum (VeR) as evidence to replace the victim's body. Visum et Repertum (VeR) is made by a doctor

according to a written request from the investigating police. This is in accordance with the Criminal Procedure Code article 133 paragraph 1 regarding the basis for the procurement of Visum et Repertum (VeR) during the investigation. Visum et Repertum (VeR) can play a role in the process of proving a criminal case against the health of the human body and soul, where Visum et Repertum (VeR) describes everything about the examination of medical results contained in the news section which is considered as a substitute for evidence. Visum et Repertum (VeR) as a whole has bridged Medical Science with Repertum (VeR) also contains a statement or doctor's opinion regarding the results of the medical examination as stated in the conclusion.

2. Research Method

This research is an experimental study with a before and after design to describe the level of knowledge of general practitioners at RSU FL. Tobing about making a clinical Visum et Repertum systematically and accurately. Conducted at RSU F.L. Tobing Sibolga from March to July 2022. The sample is General Practitioners at RSU F.L. Tobing Sibolga who met the inclusion and exclusion criteria were obtained using a total sampling technique, where the research subjects were asked to make a Visum et Repertum based on real cases that had been prepared beforehand through photographs. Then after that, the researcher will check the Visum et Repertum and evaluate each variable and give a score on the Visum et Repertum. The independent variables of this study were general practitioners who served at RSU F.L. Tobing Sibolga. The dependent variable in this study is Visum et Repertum (VeR). There are several procedures carried out in data collection, namely: first, an application for permission to the Director of F.L Tobing Sibolga General Hospital. After the researchers obtained data from the education and training training of F.L Tobing Sibolga General Hospital, the researcher then explained the objectives and research procedures. The researcher asked the respondent's willingness to be a subject in the study. After that, the research subjects were asked to make a Visum et Repertum (VeR) based on a real case that had been prepared in advance and to see the injury to the victim through photographs made with forensic photography standards. Then after the visa preparation is complete, the researcher will check the visum et repertum and evaluate each variable and give a score using the Herkutanto scoring on the Visum et Repertum (VeR).

3. Results

In this study, as many as 30 general practitioners who served at the F.L Tobing General Hospital, Sibolga City, were willing to come to participate in the training and become research subjects. The results of the study are presented in the form of a table below.

Table 1. Characteristics of general practitioners who work at F.L Tobing General Hospital, Sibolga City

Gender	Male: 13 People (40%) Female: 17 People (60%)
Average age	34 Years old
Minimum	24 Years old
Maximum	44 Years old
Shortest ER experience	1 month
Longest experience in the ER	12 Year

Based on the table above, it can be seen that there are 13 general doctors on duty at F.L Tobing General Hospital, and 17 women. Meanwhile, when viewed from the age, the general practitioner serving at F.L Tobing General Hospital, the youngest age is 24 years, in the median range 34 years and the oldest age is 44 years. Then, when viewed from the experience of working in the ER the shortest is 1 month and the longest working experience in the ER is 12 years.

Table 2. The difference in scores before and after being given the material in the visum et repertum section

Variabel	Before		After		P value
	Mean	SD	Mean	SD	
Introduction	1,09	0,56	1,52	0,07	<0,001
Examination	3,82	0,74	5,97	0,46	<0,001
Conclusion	7,91	2,56	12,66	3,19	<0,001
Total	45,09	14,83	71,77	18,91	<0,001

Based on the table above, it can be seen that the general practitioner who served at the F.L Tobing General Hospital who was the sample in this study, showed the results of making Visum et Repertum (VeR) before getting the material, in the introduction section with an average score of 1.09 while the news section was 3.82 and the conclusion section 7.91. In the results of making Visum et Repertum (VeR) after getting the material, in the introduction section with an average score of 1.52 while the news section is 5.97 and the conclusion section is 12.66. From the SPSS test output table above, it can provide information on the results before and after which are called Pre-Test and Post-Test as follows: Pre-Test Description, the standard deviation value is a value used in determining the distribution of data in a sample and seeing how close the data is to the mean value. Standard deviation (SD) values in the introduction, notification and conclusion sections with indicators K1, K2, K3. K1 is 0.56, K2 is 0.74 and K3 is 2.56. The larger the standard deviation value, the more diverse the values on the item or the more inaccurate the mean, conversely the smaller the standard deviation, the more similar the values on the item or the more accurate the mean. So it can be concluded that K1 is 0.56 and the mean is 1.09, meaning that the data is less varied because the standard deviation value is smaller than the mean. Furthermore, K2 is 0.74 and the mean is 3.82, meaning that the data is less varied because the standard deviation value is smaller than the mean. Then, K3 2.55 with a mean of 7.91 means that the data is less varied because the standard deviation value is smaller than the mean. Post-Test Description, the standard deviation value is a value used in determining the distribution of data in a sample and seeing how close the data is to the mean value. Standard deviation value in the introduction, notification and conclusion with indicators K1, K2, K3. Then K1 is 0.07, K2 is 0.46 and K3 is 3.19. The larger the standard deviation value, the more diverse the values on the item or the more inaccurate the mean, conversely the smaller the standard deviation, the more similar the values on the item or the more accurate the mean. So it can be concluded that K1 is 0.07 and the mean is <0.001 meaning that the data varies because the standard deviation value is greater than the mean. Furthermore, K2 is 0.46 and the mean is <0.001 meaning that the data varies because the standard deviation value is greater than the mean. Then, K3 3.19 with a mean of <0.001 means that the data varies because the standard deviation value is greater than the mean.

Table 3. Differences in Pre-Test and Post-Test scores on visum et repertum

Evaluation	Before		After	
	n	%	n	%
Bad (<50)	23	76%	0	0%
Moderate (50-75)	5	16%	8	27%
Good (>75)	2	8%	22	73%

Based on the table above, it can be seen that the general practitioner who served at the F.L Tobing General Hospital who was the sample in this study, showed the results of making a Visum et Repertum (VeR) before getting the material, overall with a bad score average of 23, moderate 5 and good 2. the results of making a visum et repertum (VeR) after getting the material, overall with an average score of 0, moderate 8 and good 22.

Table 4. Calculation Results of Non-Parametric McNemar Test

Before & After

Before	After	
	Positive	Negative
Positive	5	2
Negative	20	3

Statistics Test

	Sebelum & Sesudah
N	30
Exact Sig. (2-tailed)	.000 ^b

Based on the test results or test criteria using SPSS in the table above, it states that P Value = 0.000 < = 0.05, then H₀ is rejected and H_a is accepted. So that there is a difference between the object of the approach before and after the training regarding the making of Visum et Repertum for Injury. H₀: There is no significant change in the making of Visum Et Repertum (VER) for Injury after the training. H_a: Training has a significant effect on making Visum Et Repertum (VER). So it can be concluded that based on the provisions obtained from the significance value, it means that the training used has a positive and significant impact on general practitioners at RSU F. L. Tobing, Sibolga City.

Table 5. Contingency Before and After Treatment

Before Training	After Training			
	Attitude	Positive	Negative	Total
Positive (0)		5	2	7
Negative (1)		20	3	23
Total		25	5	30

Based on the calculation of the results of the questionnaire conducted to 30 respondents at RSU F. L. Tobing Sibolga, it was stated that before the training there were 23 respondents who did not know or did not understand about the making of Visum Et Repertum Necessity. Then there are only 7 respondents who understand and understand the making of Visum Et Repertum for Injury. Meanwhile, after the treatment related to the training given to 30 respondents, it resulted in 25 respondents who already understood and understood the making of Visum Et Repertum Necessity. Then there are only 5 more respondents who do not understand and understand about the making of Visum Et Repertum for Injury. So it can be concluded that the training on making Visum Et Repertum Treatment at RSU F. L. Tobing has a significant positive impact on general practitioners, especially at RSU F. L. Tobing, Sibolga City.

4. Discussion

Most of the Visum et Repertum (VeR) in this study, there are no variables that should be included in the conclusion. Whereas the importance of including the degree of injury on the Visum et Repertum (VeR) will greatly assist investigators in the law enforcement process. When examined from the legal aspect, Visum et Repertum (VeR) is said to be good if the substance contained in the Visum et Repertum (VeR) can meet the offenses formulated in the Criminal Code. While the results in this study, when general practitioners had received training, showed poor results 0 people (0%), moderate 8 people (27%) and good 22 people (73%). An increase in the results in the introduction shows that all general practitioners who attend the training can include all the variables in the introduction section. While the results in the reporting section, which are in the medium percentage, indicate that general practitioners who have attended the training have also included all the variables in the news section. Results in the conclusion section on Visum et Repertum (VeR). All Visum et Repertum (VeR) in this study, all variables that should be included in the conclusion have been listed. This shows that there is an increase in the knowledge and ability of general practitioners who take part in this training. The results of this study are in line with the research conducted by Herkutanto in 2004, with the title Improving the quality of Visum et Repertum (VER) for Injuries in Hospitals through the training of Emergency Unit Doctors (ER). Overall, it can be seen that the intervention in this study could significantly increase the Visum et Repertum (VeR) quality score in all subjects (Table 2), especially general practitioners with working years of less than 1 year who are still relatively new to

completing medical education, so they tend to remember Forensic theories, especially in the manufacture of Visum et Repertum (VeR), while working >10 years but having a good level of knowledge may be due to the recall theory. The main strategy of this research is to change the behavior of doctors in conducting forensic medical examinations and making Visum et Repertum (VeR). One of the efforts to change the behavior of doctors in carrying out their profession is an educative-persuasive approach, although this approach only results in an increase in the cognitive domain. The intervention strategy in this approach is the development of evidence-based guidelines and courses. This proves that the intervention strategy chosen is effective to improve the writing ability of Visum et Repertum (VeR). This study uses a real-life problem solving training design,¹⁴ with the delivery of material through demonstrations, case studies, guided teaching, group deepening, reading assignments and discussions, and information search. This training design aims to assist participants in solving actual, everyday problems that are experienced in real life. Participants can learn best when they work on examples of cases that are commonly encountered every day, so that the application in the field can be more appropriate. However, no manual has been issued with the support of policies for its implementation in various hospitals in Indonesia. This means that a policy of implementing guidelines is absolutely necessary to improve the quality of Visum et Repertum (VeR).

5. Conclusion

In this study it can be concluded: The level of knowledge of General Practitioners at RSU F.L. Tobing Sibolga regarding the making of Visum et Repertum (VeR) for survivors of injury cases before being given the material, 23 people (76%), moderately 5 people (16%), and good 2 people (8%). The level of knowledge of General Practitioners at RSU F.L. Tobing Sibolga regarding the making of Visum et Repertum (VeR) for survivors of injury cases after being given the material, it was found that the results of making a post-mortem were bad as many as 0 people (0%), moderate as many as 8 people (27%), and good as many as 22 people (73%). There was an increase in the ability to make Visum et Repertum (VeR) after being given the material. Where the value of the quality of the post-mortem before being given the material was 45.09% (poor) increased to 71.77% (medium).

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