Perubahan fungsi kognitif dan psikomotor peserta PPDS Anestesiologi dan terapi intensif FKUI setelah 32 jam kerja = Changes in cognitive function and psychomotor resident anesthesiology and intensive therapy Faculty Medicine University Indonesia after 32 hours

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Abstrak

[Latar Belakang : Anestesiologis yang bertugas di IGD dapat menjalani jam kerja 24 jam. Anestesiologis yang lelah mempunyai konsekuensi menurunnya fungsi kognitif dan psikomotor. Peserta PPDS nestesiologi menjalani 32 jam kerja saat bertugas jaga IGD. Penelitian bertujuan mengetahui perubahan fungsi kognitif dan psikomotor PPDS Anestesiologi setelah menjalani 32 jam kerja.
Metode : kami mengobservasi 69 peserta PPDS Anestesiologi yang menjalani 32 jam kerja, setiap peserta PPDS diperiksa fungsi kognitif dan psikmotor pada jam kerja ke-0 dan setelah 32 jam. Jumlah tidur ketika bertugas jaga dicatat. Fungsi kognitif diperiksa dengan MoCa-Ina dan psikomotor dengan grooved pegboard.
Hasil : Secara statistik didapatkan penurunan bermakna fungsi kognitif (p 0,00) dan psikomotor pada tangan dominan/ non dominan (p 0,00/p 0,00) tetapi secara klinis fungsi kognitif dan psikomotornya masih dalam batas normal. Tidak terdapat pengaruh lamanya tidur dengan fungsi kognitif (p 0,121) dan psikomotor (p 0,282/p 0,317) setelah 32 jam kerja pada peserta PPDS Anestesiologi tidur minimal 5 jam dengan tidur kurang dari 5 jam.
Kesimpulan : Fungsi kognitif dan Psikomotor peserta PPDS Anestesiologi dan Terapi Intensif setelah menjalani 32 jam kerja terbukti menurun, sedangkan lamanya tidur tidak terbukti mempengaruhi fungsi kognitif dan psikomotor;Background: anaesthesiologist on duty in the Emergency Room can undergo a 24-hour working hours. Anesthesiologists who are tired of having consequences with decreased cognitive and psychomotor function. Anesthesiology and Intensive Therapy resident undergo 32 work hours when he on duty in the ER. This study aims to determine changes in cognitive function and psychomotor after undergoing 32 hours of work.
Method: we have done observations of the 69 participants Anesthesia resident undergo 32 work hours when he gets on duty IGD, each of PPDS in cognitive function and psikmotor examined on 0 work hours and after 32 work hours. The number of hours sleep that can be obtained when undergoing on duty was noted. Cognitive function was examined with the MOCA-Ina and psychomotor examined with the grooved pegboard.
Results: Statistically significant decrease found on cognitive function (p 0.00) and decreased psychomotor function in the dominant hand (p 0.00) and the non-dominant hand (p 0.00) but clinically cognitive and psychomotor function Anesthesiology and Intensive therapy resident after 32 hours is still within the limits of normal values. There was no effect of sleep duration and cognitive function (p 0.121) and psychomotor (0.282 p / p 0.317) after 32 hours of work on the Anesthesiology redident at least 5 hours of sleep with who slept less than 5 hours.
Conclusion: Cognitive and Psychomotor Function resident Anesthesiology and Intensive Therapy after undergoing 32 hours of work proved to be decreased, while the duration of sleep during working hours are

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