An Overview of Knowledge Levels about Organ Topography and Structure among Grade IV Medical Students

Yuniarti,1 Rizki Perdana,1 Arikoh Rahmat Putra,1 Fajar Awalia Yulianto,2 Muhammad Agie Najibullah Wijaya,3 Wendy Darmawan3

1Department of Anatomy, Faculty of Medicine, Universitas Islam Bandung, Bandung, Indonesia, 2Department of Public Health, Faculty of Medicine, Universitas Islam Bandung, Bandung, Indonesia, 3Medical Undergraduate Study Program, Faculty of Medicine, Universitas Islam Bandung, Bandung Indonesia

Abstract

One of the competencies the students of the graduate medical education is to apply the basic principles of the science of biomedicine, epidemiology, clinical, and behavior in the practice of medicine. Anatomy is one of the biomedicine sciences learned in medical education, including learning about the body's structure and organ topography. This research aims to describe the organ's structure and topography knowledge among the faculty of medicine students. This survey with 88 students was conducted in a faculty of medicine in Bandung city from October to December 2018 using a random sampling method. Statistical analysis using frequency distribution, percentage proportions, and Wald's statistics in the 95% confidence interval. The instrument for validity analysis is Pearson's correlation, and the instrument for reliability analysis is Kappa's percent agreement. The results showed the average level of knowledge on organ structure and topography. It shows anatomical teaching and learning about the organ's structure, and the topography still needs to be optimized.

Key words: Anatomy, structure, topography

Gambaran Tingkat Pengetahuan tentang Struktur dan Topografi Organ pada Mahasiswa Tingkat IV Kedokteran

Abstrak


Kata kunci: Anatomi, struktur, topografi

Received: 12 February 2019; Revised: 7 February 2021; Accepted: 6 April 2021; Published: 30 April 2021

Correspondence: Yuniarti, drg., M.Kes. Department of Anatomy, Faculty of Medicine, Universitas Islam Bandung, Jln. Tamansari No. 22, Bandung 40116, West Java, Indonesia. E-mail: candytone26@gmail.com
Introduction

The free entry of health workers, including doctors from ASEAN countries, to Indonesia, requires doctors in Indonesia to improve the quality to compete with the foreign doctor.¹ To improve Indonesia’s doctor’s quality, governments make laws No. 20 of 2013 of medical education, mentioning that to become a doctor has to be through academic and professional medical education. The curriculum used during the academic excellence should refer to national standards of Medical Education Core Curriculum, namely physician education Indonesia (KIPDI) III. Based on KIPDI III, basic medical science should be integrated with graduates’ needs in the exercise of the profession.²,³

Based on the National Accreditation Agency higher education (BAN-PT), 72 medical schools have produced graduates. Of the 72 faculty, only 21 medical faculties are accredited A, 46 faculty have the B accreditation, and five are accredited C. It takes the role of many stakeholders in improving the quality of education in Indonesia.⁴

One of the graduates’ competencies is to apply the basic principles of the science of biomedicine, epidemiology, and clinical behavior and practice in the medical profession. One of the biomedicine sciences is anatomy.⁵ Anatomy is the cornerstone of medical education; anatomical knowledge is undoubtedly essential for doctors regardless of their specialty, particularly since they continue to perform physical examinations, make medical decisions, communicate with colleagues, and provide explanations to patients.⁶ Anatomists and clinicians agree that accurate knowledge of anatomy is vital to ensure a safe and efficient clinical practice.⁵,⁷

We survey to observe the competence in the field of anatomy to understand the level of knowledge of the organ’s structure and topography among the medical student.

Methods

This research was conducted in the faculty of medicine in Bandung from October to December 2018. This study using a survey approach is applying the random sampling method. The validation and reliability testing questionnaire is done before doing the survey. The subject in this research was medical students at level IV 2018/2019 school year. The subject was prompted to fill in a questionnaire that contains the knowledge of the structure and topography of the organ, and the result is a level of knowledge grouped into low, medium, and high levels of knowledge.

The study has been ethically approved by the Research Ethics Committee of Faculty of Medicine, Universitas Islam Bandung with the certificate number is 373/Komite Etik FK/X/2018.

Results

The research recruited 88 students.

The highest median value of the knowledge of the organ structures is in the endocrine metabolic system (EMS), while the lowest is present in the special sense system (SS). SS system with minimal value in a cardiovascular system (CVS) and SS that is 0. The highest value of 100 was found in the reproductive system (RPS), SS, and CVS (Table 1).

Knowledge of organ topographic shows

| Table 1 Frequency Distribution of Knowledge about the Structure of the Organ |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | DMS             | EMS             | NBSS            | GUS             | RPS             | SS              | CVS             | GIS             | RESPI            |
| Min            | 22.22           | 27.27           | 7.69            | 10              | 20              | 0               | 0               | 0               | 12.5              |
| Median         | 55.56           | 63.64           | 53.85           | 50              | 60              | 40              | 50              | 43.75           | 33.33             |
| Max            | 88.89           | 90.91           | 92.31           | 90              | 100             | 100             | 100             | 87.5            | 100               |
| Mean           | 53.79           | 60.74           | 52.27           | 53.95           | 61.02           | 49.54           | 53.98           | 46.02           | 46.02             |
| SD             | 14.48           | 16.63           | 20.21           | 17.76           | 14.31           | 23.09           | 33.01           | 17.83           | 17.96            |
| LB             | 39.31           | 44.11           | 32.06           | 36.19           | 46.71           | 26.45           | 28.97           | 28.19           | 22                |
| UB             | 68.27           | 77.37           | 72.48           | 71.71           | 75.33           | 72.63           | 78.99           | 63.85           | 57.92             |

Note: DMS=dermatomuscular system, EMS=endocrine metabolic system, NBSS=neurobehaviour system, GUS=genito urinary system, RPS=reproductive system, SS=special sense system, CVS=cardiovascular system, GIS=gastrointestinal system, RESPI=respiration system
interesting findings as listed in Table 2. The lowest values showed in EMS, NBSS, SS, CVS, GIS, and RS. The highest median value there is in the RPS. There was a maximum value of 100 in the EMS, NBSS, GUS, RPS, SS, and GIS. The comparison median value of the structure and topography is shown in Figure. The knowledge structure’s median values are less than the topography knowledge in the DMS, GUS, RPS, SS, GIS, and RS. However, it does not occur in a system of EMS, NBSS, and CVS.

The value of the level of knowledge of organs’ structure is smaller than the value of the level of knowledge of the organ’s topography at DMS, GUS, RPS, SS, GIS, and RS. The value of the level of knowledge of an organ’s structure is higher than the value of the level of knowledge of the organ’s topography at EMS, NBSS, and CVS (Table 3).

The Largest proportion of results level of knowledge about the structure and topography in all organ systems are in the category of average.

Discussion

Anatomy is the study of the structure of the human body. Anatomy is sound basic science to become the foundation for physicians in conducting physical examinations, diagnosis, and understanding the patient’s disease condition. By learning gross anatomy, medical students get a first “impression” about the structure of the human body, which is the basis for understanding pathologic and clinical problems. Although anatomy is a basic science in medical education; many students feel difficulties in studying

| Table 2 Frequency Distribution of Knowledge about the Topography of the Organ |
|-----------------|------------|-------------|------------|-------------|------------|-------------|-------------|---|
|                  | DMS        | EMS         | NBSS       | GUS         | RPS        | SS          | CVS         | GIS         | RESPI       |
| Min              | 10         | 0           | 0          | 14.28       | 33.33      | 0           | 0           | 0           | 0           |
| Median           | 60         | 50          | 44.44      | 57.14       | 66.67      | 50          | 37.5        | 57.14       | 42.86       |
| Max              | 90         | 100         | 100        | 100         | 100        | 100         | 75          | 100         | 85.71       |
| Mean             | 59.43      | 55.87       | 46.46      | 56.98       | 69.95      | 64.49       | 42.33       | 57.47       | 41.39       |
| SD               | 18.89      | 24.5        | 22.82      | 20.14       | 14.51      | 25.06       | 18.71       | 22.29       | 19.25       |
| LB               | 40.54      | 31.37       | 23.64      | 36.84       | 55.44      | 39.43       | 23.62       | 35.18       | 22.13       |
| UB               | 78.32      | 80.37       | 69.28      | 77.12       | 84.46      | 89.55       | 61.04       | 79.76       | 60.65       |

Note: DMS=dermatomuscular system, EMS=endocrine metabolic system, NBSS=neurobehaviour system, GUS=genito urinary system, RPS=reproductive system, SS=special sense system, CVS=cardiovascular system, GIS=gastrointestinal system, RESPI=respiration system

Figure Comparison Median Value of Knowledge about the Structure and Topography between Systems
This is apparent from the research results are listed in Table 1 dan Table 2, which shows the range of great value, i.e., the existence of a minimum value of 0 and a maximum value of 100.

Over the past few decades, the medical education paradigm has evolved to focus on problem-based, clinical competency-accentuated approaches, student-centered, and integrated. Anatomy can be made easy by modifying the traditional anatomy education delivered by didactic lectures and cadaveric dissection. The curriculum in Anatomy should be delivered by combining different methods of teaching. Computer-assisted, problem-based learning, self-directed and directed self-learning in addition to traditional one can be used. For centuries, the primary tools for teaching anatomy have been lectures, tutorials, textbooks, cadaveric dissections, and demonstrations from preserved specimens. Anatomy lesson with tutorials and laboratory activities in this medical faculty using active learning principles; where students expected to be active and become the actors in the learning environment. They participate in the process of higher-order thinking, such as analysis, synthesis, and evaluation. However, in practice, most students seem to position themselves as passive learners, accepting only what is to be delivered by the lecturer.

Another thing that might cause this statement is that anatomy is a material that many use in Latin. The material for the anatomy lessons was so many, while learning time is minimal 10. Other factors some students are not ready to follow the tutorials or laboratory activities. Students sometimes do not know what material they will learn during tutorials and laboratories to not keep up with the good learning activities. Students are often not doing homework or practicing laboratory activities and not making flipcharts properly during tutorials.

To make the medical students interested in anatomy, various new methods have been proposed, which could improve their practical skills. In these methods, the students, while studying the theoretical subjects, are introduced to body structures and functions on the alive and healthy person and then learn their practical usage.

Figure 1 shows that the value of the level of knowledge of organs' structure is smaller than the value of the level of knowledge of the organ's
An Overview of Knowledge Levels about Organ Topography and Structure among Grade IV Medical Students

Yuniarti et al.: An Overview of Knowledge Levels about Organ Topography and Structure among Grade IV Medical Students

Global Medical and Health Communication, Volume 9 Number 1, April 2021

18

21

20

17

Motivation needs to be owned by a student through the process of learning. Motivation can push someone, so eventually, that person becomes a specialist in a particular field of science. Someone would like to try to learn something with his best if he did not know how important and helpful the results will be from his studies.22

In the learning process, a student's interest is vital. For someone who has no interest in learning, it is not possible to do the learning activities. Interest is "symptoms that are interested in anything which further interest someone will reflect its purpose." Suppose the interested student to a particular lesson can be viewed and observed on working in this lesson. This interest plays a vital role in teaching and learning. Without any interest, then he could not master the lessons given.23 Medical students need anatomy lessons modification of its teaching methods to make them more interested in anatomy and can also help them improve their professional skills.24

In the world of education, the lecturer is the cutting edge of education. A lecturer is the direct perpetrator of the service's activities. The lecturer's quality will affect the quality of education services—the lecturer's quality is determined by educational background, personality, and ability to communicate. Interpersonal communication skills that a lecturer must master are empathy, equality, confidence, immediacy, supportiveness, positiveness, interaction management, and listening.25

Empathy means a lecturer should feel what is perceived by the student while teaching and

The results

through mannequin knowledge is the result of the science through the textbook and see in real mannequin and saw the cadaver. Students know through tutorials and laboratory activities using a maximum results. Students learn anatomy been running quite well but has yet to achieve results. It shows anatomical teaching and learning about the organ's structure, and the topography of the organ has been running quite well but has yet to achieve maximum results. Students learn anatomy through tutorials and laboratory activities using a mannequin and saw the cadaver. Students know the science through the textbook and see in real through mannequin knowledge is the result of knowing, and this happens after people doing mainly against an object sensing. Various models (plastic, animal tissue, computer, etc.) have been useful for learning human anatomy in several different contexts. Sensing happens through sense human being; sight, hearing, smell, taste, and touch. Students should understand why specific terms are used in clinical medicine to ensure their correct use and resolve any discrepancies between the official terminologies and those specifically used in clinical medicine.20 The results of the study could not be released from the learning process. The learning process involves faculty and students.21

Most human knowledge is obtained through the eyes and ears. The knowledge covered in the cognitive domain has six levels, knowledge, understanding (comprehension), application, analysis, synthesis, and evaluation. The results of the study could not be released from the learning process. The learning process involves faculty and students.21

In GIS, students studying the organs' structure directly in the digestive system starts from the nose to anus and digestive organs accessories. Respiratory system—students learn all the organs involved in respiration start from the nose to the lungs. The topography is the organ study based on its location and its relationship with other organs around it. Studying the layout of this organ requires students to imagine or envision an organ against the layout of other organs. Some students feel difficulties in studying topography, which is apparent from the questionnaires like EMS and NBSS. The Results showed in the CVS the level of knowledge about the organ structure that is higher than the organ's topography level. Students may have difficulty learning the subject matter of the anatomical sciences. Reasons for this may include issues with motivation, course content, and the quantity of information.57

Real success in education can be achieved through a combination of motivation, creativity, innovation, inspiration, and teamwork. The role of a teacher as a knowledge provider cannot be denied. However, a teacher or a facilitator as a motivator is brought out with this project. The teacher here is initiating the chain reaction with his/her motivation.18

Research results in Table 3 show the largest proportion of results level of knowledge about the structure and topography in all organ systems are in the category of "average." It shows anatomical teaching and learning about the organ's structure, and the topography of the organ has been running quite well but has yet to achieve maximum results. Students learn anatomy through tutorials and laboratory activities using a mannequin and saw the cadaver. Students know the science through the textbook and see in real through mannequin knowledge is the result of

topography at DMS, GUS, RPS, SS, GIS, and RS. Many organs should be studied in detail the structure of these systems, so students' chances to forget about the name of the structure in each of these organs is larger. DMS system, students study the structure of each group contains the bones of the axial and appendicular. In the system, GUS students must study the structure of the kidneys' organs, ureters, bladder, urethra, and genital organs male internal-external. In the RPS, students must learn the internal genital organs-external women following hip diversionary bones. In the special sense system (SS), students must learn the eyes and ears' organ. In GIS, students studying the organs' structure directly in the digestive system starts from the nose to anus and digestive organs accessories. Respiratory system—students learn all the organs involved in respiration starts from the nose to the lungs. The topography is the organ study based on its location and its relationship with other organs around it. Studying the layout of this organ requires students to imagine or envision an organ against the layout of other organs. Some students feel difficulties in studying topography, which is apparent from the questionnaires like EMS and NBSS. The Results showed in the CVS the level of knowledge about the organ structure that is higher than the organ's topography level. Students may have difficulty learning the subject matter of the anatomical sciences. Reasons for this may include issues with motivation, course content, and the quantity of information.57

Real success in education can be achieved through a combination of motivation, creativity, innovation, inspiration, and teamwork. The role of a teacher as a knowledge provider cannot be denied. However, a teacher or a facilitator as a motivator is brought out with this project. The teacher here is initiating the chain reaction with his/her motivation.18

Research results in Table 3 show the largest proportion of results level of knowledge about the structure and topography in all organ systems are in the category of "average." It shows anatomical teaching and learning about the organ's structure, and the topography of the organ has been running quite well but has yet to achieve maximum results. Students learn anatomy through tutorials and laboratory activities using a mannequin and saw the cadaver. Students know the science through the textbook and see in real through mannequin knowledge is the result of

knowing, and this happens after people doing mainly against an object sensing. Various models (plastic, animal tissue, computer, etc.) have been useful for learning human anatomy in several different contexts. Sensing happens through sense human being; sight, hearing, smell, taste, and touch. Students should understand why specific terms are used in clinical medicine to ensure their correct use and resolve any discrepancies between the official terminologies and those specifically used in clinical medicine.20

Most human knowledge is obtained through the eyes and ears. The knowledge covered in the cognitive domain has six levels, knowledge, understanding (comprehension), application, analysis, synthesis, and evaluation. The results of the study could not be released from the learning process. The learning process involves faculty and students.21

Motivation needs to be owned by a student through the process of learning. Motivation can push someone, so eventually, that person becomes a specialist in a particular field of science. Someone would like to try to learn something with his best if he did not know how important and helpful the results will be from his studies.22

In the learning process, a student's interest is vital. For someone who has no interest in learning, it is not possible to do the learning activities. Interest is "symptoms that are interested in anything which further interest someone will reflect its purpose." Suppose the interested student to a particular lesson can be viewed and observed on working in this lesson. This interest plays a vital role in teaching and learning. Without any interest, then he could not master the lessons given. Medical students need anatomy lessons modification of its teaching methods to make them more interested in anatomy and can also help them improve their professional skills.24

In the world of education, the lecturer is the cutting edge of education. A lecturer is the direct perpetrator of the service's activities. The lecturer's quality will affect the quality of education services—the lecturer's quality is determined by educational background, personality, and ability to communicate. Interpersonal communication skills that a lecturer must master are empathy, equality, confidence, immediacy, supportiveness, positiveness, interaction management, and listening.25

Empathy means a lecturer should feel what is perceived by the student while teaching and
learning activities taking place. Supportiveness intent is a college lecturer should create a sense of comfort when teaching and learning take place. Positiveness intent is a college lecturer should make students feel valued and not be underestimated. Equality means a college lecturer should be able to give equal treatment to all its student in the process of teaching and learning. Confidence means a lecturer should have the self-confidence to foster students’ beliefs against the lecturer as someone who can be relied upon when they need information. Immediacy means that lecturers should show concern and interest in students’ problems in the process of teaching and learning. Interaction management significance means a college lecturer should be able to manage the process of good teaching and to learn so that students can understand what is delivered by lecturers and lecturers to understand what is not understood by the student body. Listening means a lecturer should have the capability of being a good listener when the student submits an opinion in the discussion or criticism of its student gained about teaching and learning. Unlike other basic science lessons, such as biochemistry and physiology, teaching anatomy needs a particular method of teaching and appropriate tools. These tools include a cadaver, human body atlases, and educational movies and slides.

Conclusion

The level of knowledge of the structure and topography of the organ among the medical student level IV is average.

Conflict of Interest

All authors stated that there no conflict of interest in this study.

Acknowledgments

We thanks all participants of this study.

References

2. Undang-Undang Republik Indonesia Nomor 20 Tahun 2013 tentang Pendidikan Kedokteran.
13. Shastrakar R, Nakhate M. Evaluation of