

## Lampiran 1

**PLAN OF ACTION**  
(September 2019 – Juli 2020)

NAMA : EMILIA DYAH NOVITASARI  
NIM : 1601460044  
PRODI : SARJANA TERAPAN KEPERAWATAN MALANG  
CP : 0857-0422-2455

NO	Kegiatan Penelitian	Sep				Okt				Nov				Des				Jan				Feb				Mar				April				Mei				Juni				Juli			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1.	<b>Tahap Persiapan</b>																																												
	a. Penentuan Judul	■																																											
	b. Mencari Literatur	■																																											
	c. Studi Pendahuluan	■	■	■	■																																								
	d. Penyusunan Proposal	■	■	■	■																																								
	e. Konsultasi Proposal	■	■	■	■																																								
	f. Perbaiki Proposal	■	■	■	■																																								
	g. Ujian Sidang & Revisi					■	■																																						
	h. Pengurusan Ijin									■	■	■	■																																
	i. Etichal Clearence									■	■	■	■																																
2.	<b>Tahap Pelaksanaan</b>																																												
	a. Pengambilan Data																■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
	b. Pengolahan Data																																												
	c. Analisa Data																																												
	d. Konsultasi Hasil																																												
3.	<b>Tahap Evaluasi</b>																																												
	a. Perbaiki Hasil																																												
	b. Pencatatan dan Pelaporan Hasil																																												
	c. Ujian Sidang Hasil																																												
	d. Perbaiki Hasil																																												

Pembimbing Utama

Pembimbing Pendamping

Mahasiswa



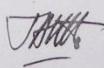
**Joko Pitoyo, S.Kp, M.Kep**  
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**Rudi Hamarno, S.Kep., Ns., M.Kep**  
NIP.196905111992031004

**Emilia Dyah Novitasari**  
NIM. 1601460044

## Lampiran 2

**SURAT IJIN STUDI PENDAHULUAN**

	<p><b>KEMENTERIAN KESEHATAN RI</b>  <b>BADAN PENGEMBANGAN DAN PEMBERDAYAAN SUMBER DAYA MANUSIA KESEHATAN</b>  <b>POLITEKNIK KESEHATAN KEMENKES MALANG</b></p>									
	<p>- Kampus Utama : Jalan Besar Ijen No. 77 e Malang. 65112. Telepon (0341) 566075, 571388. Fax (0341) 556746          - Kampus I : Jalan Srikoyo No. 106 Jember. Telepon (0331) 496613          - Kampus II : Jalan Ahmad Yani Sumberporong Lawang. Telepon (0341) 427847          - Kampus III : Jalan Dr. Soetomo No. 46 Blitar. Telepon (0342) 801043          - Kampus IV : Jalan KH. Wakhid Hasyim No. 64 B Kediri. Telepon (0354) 773095          - Kampus V : Jalan Dr. Soetomo No. 5 Trenggalek. Telepon (0355) 791293          - Kampus VI : Jalan Dr. Cipto Mangunkusumo No. 82 A Ponorogo. Telepon (0352) 461792          Website: <a href="http://www.poltekkes-malang.ac.id">Http://www.poltekkes-malang.ac.id</a> Email: <a href="mailto:direktorat@poltekkes-malang.ac.id">direktorat@poltekkes-malang.ac.id</a></p>									
<p>Nomor : LB.02.03/3/2020 /2019          Lampiran : -          Perihal : Ijin Studi Pendahuluan untuk Penyusunan Proposal Skripsi          Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang</p>										
<p>Kepada Yth:          Direktur RSUD Ngudi Waluyo Wlingi          Jl. Dr. Soeipto No. 5 Wlingi          di – <u>Wlingi – Blitar</u></p>										
<p>Sehubungan dengan penyusunan Proposal Skripsi bagi Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang, maka kami mohon bantuan dan difasilitasi untuk Studi Pendahuluan di Wilayah kerja RSUD Ngudi Waluyo Wlingi.</p>										
<p>Adapun mahasiswa yang akan melaksanakan pengambilan data Studi Pendahuluan adalah:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Nama</td> <td>: Emilia Dyah Novitasari</td> </tr> <tr> <td>NIM/Semester</td> <td>: 1601460044 / VII</td> </tr> <tr> <td>Asal Program Studi</td> <td>: Sarjana Terapan Keperawatan Malang</td> </tr> <tr> <td>Judul Skripsi</td> <td>: Perbedaan Bladder Training Kegel Exercise Fast Twich dan Slow Twich Terhadap Pemulihan Fungsi Miksi Pada Pasien Stroke</td> </tr> </table>			Nama	: Emilia Dyah Novitasari	NIM/Semester	: 1601460044 / VII	Asal Program Studi	: Sarjana Terapan Keperawatan Malang	Judul Skripsi	: Perbedaan Bladder Training Kegel Exercise Fast Twich dan Slow Twich Terhadap Pemulihan Fungsi Miksi Pada Pasien Stroke
Nama	: Emilia Dyah Novitasari									
NIM/Semester	: 1601460044 / VII									
Asal Program Studi	: Sarjana Terapan Keperawatan Malang									
Judul Skripsi	: Perbedaan Bladder Training Kegel Exercise Fast Twich dan Slow Twich Terhadap Pemulihan Fungsi Miksi Pada Pasien Stroke									
<p>Demikian atas perhatian dan kerjasamanya disampaikan terima kasih.</p>										
<p>Malang, 23 Oktober 2019</p> <p>a.n. Direktur          Ketua Jurusan Keperawatan</p>										
										
<p><b><u>Imam Subekti, S.Kp., M.Kep., Sp.Kom.</u></b>          NIP. 196512051989121001</p>										
<p><u>Tembusan disampaikan kepada Yth:</u></p> <ol style="list-style-type: none"> <li>1. Ketua Prodi Sarjana Terapan dan Profesi Keperawatan Malang</li> <li>2. Ka. Bid. Diklat RSUD Ngudi Waluyo Wlingi</li> <li>3. Ka. Bid. Keperawatan RSUD Ngudi Waluyo Wlingi</li> </ol>										

## Lampiran 3

**SURAT REKOMENDASI PELAKSANAAN STUDI PENDAHULUAN**

PEMERINTAH KABUPATEN BLITAR  
**RUMAH SAKIT UMUM “NGUDI WALUYO” WLINGI**  
 Jalan Dr. Soeipto No. 5 Wlingi Telp. (0342) 691006 Fax.(0342) 691040

Wlingi, 19 Desember 2019

No : 145 /SP/DIKLAT/XII/2019 Kepada  
 Lampiran : -- Yth. Kepala Ruang Stroke Center  
 Perihal : Bantuan bimbingan peserta Di  
Studi Pendahuluan RSUD “Ngudi Waluyo” Wlingi

Bersama ini menghadapkan Mahasiswa Poltekkes Kemenkes Malang untuk melaksanakan Studi Pendahuluan di Ruang Stroke Center RSUD “Ngudi Waluyo” Wlingi mulai tanggal 19 Desember 2019 s/d 19 Januari 2020. Untuk itu mohon bimbingan/ arahan agar tercapainya tujuan yang diinginkan. Adapun nama Mahasiswa tersebut adalah sbb :

No	NAMA MAHASISWA	NIM	JUDUL
1.	Emilia Dyah Novitasari	1601460044	Perbedaan Bladder Training Kegel Exercise Fast Twich dan Slow Twich Terhadap Pemulihan Fungsi Miksi pada Pasien Stroke

Sebagai Pendamping CI untuk mahasiswa tersebut diatas adalah sbb :

No	NAMA CI	NIPN	JABATAN
1.	Ns.WINARTI PANGREH UTAMI, S.Kep	197101251996032002	Ka.Ruang Stroke Center

Demikian atas bantuan dan kerjasamanya sekaligus mohon ditempatkan di ruang praktek dimaksud.

Kepala Sub Bagian Diklitbang  
 RSUD “Ngudi Waluyo” Wlingi

**SUHARTO WIBISONO, AMK**  
 NIP. 19630525 198502 1 003

**KETERANGAN :**

Pembayaran tersebut mohon ditransfer ke rekening :  
 No.Rekening : 0461001114  
 Atas Nama : Bendahara Penerima BLUD RSUD “Ngudi Waluyo” Wlingi  
 Nama Bank : Bank Jatim Cabang Blitar

## Lampiran 4

**LEMBAR PERSETUJUAN STUDI PENDAHULUAN PENELITIAN**

PEMERINTAH KABUPATEN BLITAR  
**RUMAH SAKIT UMUM “ NGUDI WALUYO “ WLINGI**  
 Jalan Dr. Soecipto No. 5 Wlingi Telp. (0342) 691006 Fax.(0342) 691040

**LEMBAR PERSETUJUAN**  
**STUDI PENDAHULUAN PENELITIAN**

Judul Penelitian : Perbedaan Bladder Training Kegel Exercise  
 Fast Twitch dan Slow Twitch Terhadap  
 Pemulihan Fungsi Miksi pada Pasien Stroke

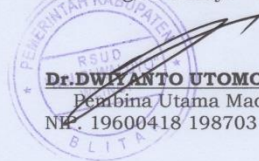
Nama Peneliti : Emilia Dyah Novitasari

Institusi Peneliti : Poltekkes Kemenkes Malang

Catatan Persetujuan KEPK : **SETUJU UNTUK DILAKUKAN STUDI  
 PENDAHULUAN**

Wlingi, 11 Nopember 2019

KETUA KEPK  
 RSUD “Ngudi Waluyo” WLINGI




**Dr. DWIPANTO UTOMO, Sp.B**  
 Pembina Utama Madya  
 NIK. 19600418 198703 1 013

JURNAL-JURNAL *LITERATURE REVIEW*

Article


**CLINICAL  
REHABILITATION**

## Pelvic floor muscle training for urinary incontinence in female stroke patients: A randomized, controlled and blinded trial

Clinical Rehabilitation  
1–9  
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DOI: 10.1177/0269215515578695  
cre.sagepub.com  


Doo Chul Shin, Seung Ho Shin, Myung Mo Lee,  
Kyoung Jin Lee and Chang Ho Song

### Abstract

**Objective:** To examine the effects of pelvic floor muscle training (PFMT) on the contractility of pelvic floor muscle and lower urinary tract symptoms in female stroke patients.

**Design:** Randomized, single-blind controlled study.

**Setting:** Outpatient rehabilitation hospital.

**Subjects:** Thirty one female patients who were more than three months post-stroke and stress urinary incontinence.

**Interventions:** The subjects were randomized to either a PFMT group ( $n = 16$ ), or a control group ( $n = 15$ ). Both groups received general rehabilitation exercise for 6 weeks, but the PFMT group additionally received PFMT for 6 weeks.

**Main measures:** Vaginal function test using a perineometer (maximal vaginal squeeze pressure) and intra-vaginal electromyography (activity of pelvic floor muscle), and urinary symptoms and quality of life using a Bristol Female Lower Urinary Tract Symptom questionnaire.

**Results:** After intervention, the maximal vaginal squeeze pressures for the PFMT and control groups were 18.35 (5.24) and 8.46 (3.50) mmHg, respectively. And the activities of pelvic floor muscle of the PFMT and control groups was 12.09 (2.24)  $\mu\text{V}$  and 9.33 (3.40)  $\mu\text{V}$ , respectively. After intervention, the changes of scores for inconvenience in the activity of daily living of the PFMT and control groups were  $-15.00$  (6.25) and  $-0.17$  (1.59), respectively. In addition, the changes of score for lower urinary tract symptom was improved more in the PFMT group ( $-4.17$  (4.00)) than in the control group ( $-0.25$  (1.29)) ( $P < 0.05$ ).

**Conclusions:** These findings suggest that PFMT is beneficial for the management of urinary incontinence in female stroke patients.

### Keywords

Stroke, stress urinary incontinence, pelvic floor muscle training, electromyography

Received: 8 December 2013; accepted: 28 February 2015

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**PENGARUH KOMBINASI BLADDER TRAINING DAN KEGEL EXERCISE  
TERHADAP PEMULIHAN INKONTINENSIA PADA PASIEN STROKE**

**THE EFFECT OF BLADDER TRAINING AND KEGEL EXERCISE  
ON COMBINATION THE RECOVERY OF URINARY INCONTINENCE  
IN STROKE PATIENT**

**Ernawati**

Program Studi DIII Keperawatan STIKes Faletahan Serang  
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**Abstrak**

*Stroke adalah suatu gangguan fungsi saraf akut yang disebabkan oleh adanya gangguan peredaran darah otak secara mendadak (dalam beberapa detik) atau secara cepat (dalam beberapa jam) timbul gejala dan tanda sesuai dengan daerah fokal di otak yang terganggu. Komplikasi akibat stroke diantaranya adalah lemahnya otot spingter uretra yang mengendalikan kemampuan berkemih pasien. Penelitian ini bertujuan untuk menganalisa pengaruh kombinasi bladder training dan kegel exercise terhadap pemulihan inkontinensia urine pada pasien stroke di Ruang Tulip Rumah Sakit Dr. Dradjat Prawiranegara Serang. Metode penelitian ini adalah kuasi eksperimen pre test and post test one group design. Populasi adalah semua pasien stroke di RS dr. Dradjat Prawiranegara berjumlah 112 orang. Sampel yang diambil adalah 36 responden dengan intervensi bladder training selama 3 hari dilanjutkan kegel exercise selama 7 hari. Pengukuran inkontinensia dengan menggunakan Sandvik Severity Scale, sedangkan intervensi bladder training dan kegel exercise menggunakan SOP yang telah dibakukan. Hasil didapatkan rata-rata skor inkontinensia urine mengalami penurunan dengan intervensi bladder training sebesar 0,92. Umur secara bersama-sama mempengaruhi bladder training dan kegel exercise dan mempengaruhi pemulihan inkontinensia urine sebesar 0,002. Adapun pengaruh yang bermakna intervensi bladder training dan kegel exercise terhadap pemulihan inkontinensia urine dengan p-value 0,000 dan r: 1,16. Pemulihan inkontinensia urine dapat dilakukan dengan memberikan intervensi bladder training dan kegel exercise.*

**Kata kunci:** bladder training, kegel exercise, inkontinensia urine

**Abstract**

*Stroke is an acute nerve dysfunction caused by circulatory disorders of the brain is suddenly (within seconds) or quickly (within hours) symptoms and signs in accordance with the focal area of the brain disrupted. Complications at stroke include weakness at spingter urethra muscle that control the ability of the patient to urinate. The aim at this study is to analyze the effect of bladder training and kegel exercise combinatic on the recovery of urinary incontinence in stroke patients at Tulip Lounge Hospital Dr. Dradjat Prawiranegara Serang. This research method was a quasi-experimental pretest and posttest one group design. The population was all stroke patients in the hospital dr. Dradjat Prawiranegara with total sum 112 people. Samples taken were 36 respondents with intervensi bladder training for 3 days followed kegel exercise for 7 days. Measurements incontinence by using Sandvik Severity Scale, while the intervention bladder training and kegel exercise using SOP standardized. The results shows an average scor decreased urinary incontinence with bladder training intervention by 0.92. Age jointly affect bladder training and kegel exercise and affect the recovery of urinary incontinence of 0.002. No significant effect of intervention bladder training and kegel exercise on the recovery of urinary incontinence with a p-value of 0.000 and r: 1.16. Recovery of urinary incontinence can be done by giving the intervention bladder training and kegel exercise*

**Keywords:** bladder training, kegel exercise, urinary incontinence

**EFEKTIFITAS INISIASI BLADDER TRAINING TERHADAP  
INKONTINENSIA URIEN PADA PASIEN STROKE NON HEMORAGIK  
YANG TERPASANG KATETER DI RUANG NEUROLOGI  
RSUD RADEN MATTATHER JAMBI**

**Engla Ampia Lestari<sup>1</sup>, Rino M<sup>2</sup>**  
Prodi SI Keperawatan STIKBA Jambi<sup>1)</sup>  
Program Studi Ners STIKBA Jambi<sup>2)</sup>  
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**ABSTRACT**

**Background :** Bladder training is one of the efforts to control bladder function is impaired to normal or optimal function that aims to train neurogenic bladder and restore normal pattern of urination by inhibiting or stimulating spending urine .

**Method :** This study aims to determine urinary incontinence in patients with non-hemorrhagic stroke were catheterized in neurology hospital room Raden Mattahter Jambi The population in this study non- hemorrhagic stroke patients were catheterized as many as 209 people , with a sample of 20 people pre -test and post -test method uses pre - experiment with bentukone - group pretest - posttest design statistick test used was T Dependent sample taken with technique " purposive sampling.

**Result :** Urinary output before and after the initiation of bladder training on non-hemorrhagic stroke patients were catheterized urindilakuakn decreased during the pre-test, namely the number of 12.820ml and after post\_test bladder training on the total amount of the average change is the number of 2.075ml , Raden expected Mattahter Jambi Hospital can make this research as a Standard Operating Procedure (SOP) Bladder Training in neurology space.

**Keywords:** Initiation, BladderTraining in patients with non-hemorrhagic stroke

**PENDAHULUAN**

Stroke adalah suatu cedera mendadak dan berat pada pembuluh-pembuluh darah otak. Cedera dapat disebabkan oleh sumbatan pembekuan darah, penyempitan pembuluh darah, pecahnya pembuluh darah. Disebabkan kurangnya pasokan darah yang memadai, stroke mungkin menampakkan gejala atau mungkin juga tidak (Feigin, 2006).

Di Indonesia, stroke menyerang 35,8% pasien usila dan 12,9% pada usia lebih muda, jumlah total penderita stoke di Indonesia diperkirakan 500.000/tahun, 250.000 orang meninggal dunia, dan sisanya cacat. Angka kematian pada pria dan wanita relatif sama bahkan saat ini Indonesia

merupakan negara dengan jumlah penderita stroke terbesar di Asia. Ini sangat memprihatinkan mengingat Insan Pasca Stroke (IPS) biasanya merasa rendah diri, emosinya tidak terkontrol dan selalu ingin diperhatikan (Supriadi,A, 2007).

Berdasarkan Survei Kesehatan Rumah Tangga tahun 2007 dan Survei Kesehatan Masyarakat (Surkesmas) 2001 penyakit utama penyebab kematian adalah Angka kejadian stroke, menurut data dasar 63,52 per 100.000 penduduk pada kelompok usila. Setiap hari ada dua orang Indonesia mengalami serangan stoke, penyakit stroke menyerang bukan hanya kelompok usila, melainkan juga kelompok usia lebih muda dalam jumlah kasus penderita 2,5%. Menurut survei stroke merupakan pembunuh nomor satu

## Is Pelvic Floor Muscle Training Effective for Men With Poststroke Lower Urinary Tract Symptoms? A Single-Blinded Randomized, Controlled Trial

American Journal of Men's Health  
2017, Vol. 11(5) 1460–1471  
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DOI: 10.1177/1557988315610816  
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SAGE

Sigrid Tibaek, DMSc<sup>1</sup>, Gunvor Gard, PhD<sup>2</sup>, Christian Dehlendorff, PhD<sup>3</sup>,  
Helle K. Iversen, DMSc<sup>1</sup>, Finn Biering-Soerensen, DMSc<sup>1</sup>,  
and Rigmor Jensen, DMSc<sup>1</sup>

### Abstract

The aim of the current study was to evaluate the effect of pelvic floor muscle training in men with poststroke lower urinary tract symptoms. Thirty-one poststroke men, median age 68 years, were included in this single-blinded randomized controlled trial. Thirty participants, 15 in each group, completed the study. The intervention consisted of 3 months (12 weekly sessions) of pelvic floor muscle training in groups and home exercises. The effect was evaluated by the DAN-PSS-1 (Danish Prostate Symptom Score) questionnaire, a voiding diary, and digital anal palpation of the pelvic floor muscle. The DAN-PSS-1, symptom score indicated a statistical significant improvement ( $p < .01$ ) in the treatment group from pretest to posttest, but not in the control group. The DAN-PSS-1, total score improved statistically significantly in both groups from pretest to posttest (treatment group:  $p < .01$ ; control group:  $p = .03$ ). The median voiding frequency per 24 hours decreased from 11 at pretest to 7 (36%;  $p = .04$ ) at posttest and to 8 (27%;  $p = .02$ ) at follow-up in treatment group, although not statistical significantly more than the control group. The treatment group but not the control group improved statistically significantly in pelvic floor muscle function ( $p < .01$ ) and strength ( $p < .01$ ) from pretest to posttest and from pretest to follow-up ( $p = .03$ ;  $p < .01$ ). Compared with the control group the pretest to posttest was significantly better in the treatment group ( $p = .03$ ). The results indicate that pelvic floor muscle training has an effect for lower urinary tract symptoms, although statistical significance was only seen for pelvic floor muscle.

### Keywords

male incontinence, stroke, overactive bladder, quality of life

### Introduction

Lower urinary tract symptoms (LUTS); (Abrams et al., 2002) are highly prevalent in both male and female patients after stroke, ranging up to 94% (Tibaek et al., 2008; Williams, Srikanth, Bird, & Thrift, 2012). The poststroke symptoms are nocturia (Tibaek et al., 2008; Williams et al., 2012), urgency, frequent daytime voiding, urge incontinence, incomplete bladder emptying, and urinary tract infection (Ruffion et al., 2013).

Stroke has a profound effect on quality of life. For patients with LUTS, the impact is also substantial, leading to increasing limitations in social and physical activities with psychological (anxiety, depression, and isolation) aspects (Tibaek et al., 2008) as well as increased risk

of falls (Divani, Vazquez, Barrett, Asadollahi, & Luft, 2009).

Pelvic floor muscle training (PFMT) is regarded as the first-line conservative treatment option for LUTS in neurologically healthy men (Gormley et al., 2012; Hay-Smith, Berghmans, & Burgio, 2009; Hunter, Glazener, & Moore,

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[Intervention Review]

## Interventions for treating urinary incontinence after stroke in adults

Lois H Thomas<sup>1</sup>, Jacqueline Coupe<sup>1</sup>, Lucy D Cross<sup>2</sup>, Aidan L Tan<sup>3</sup>, Caroline L Watkins<sup>1</sup>

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**Contact address:** Lois H Thomas, Faculty of Health and Wellbeing, University of Central Lancashire, Room 416, Brook Building, Preston, Lancashire, PR1 2HE, UK. [lhthomas@uclan.ac.uk](mailto:lhthomas@uclan.ac.uk).

**Editorial group:** Cochrane Incontinence Group

**Publication status and date:** New search for studies and content updated (no change to conclusions), published in Issue 2, 2019.

**Citation:** Thomas LH, Coupe J, Cross LD, Tan AL, Watkins CL. Interventions for treating urinary incontinence after stroke in adults. *Cochrane Database of Systematic Reviews* 2019, Issue 2. Art. No.: CD004462. DOI: [10.1002/14651858.CD004462.pub4](https://doi.org/10.1002/14651858.CD004462.pub4).

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### ABSTRACT

#### Background

Urinary incontinence can affect 40% to 60% of people admitted to hospital after a stroke, with 25% still having problems when discharged from hospital and 15% remaining incontinent after one year.

This is an update of a review published in 2005 and updated in 2008.

#### Objectives

To assess the effects of interventions for treating urinary incontinence after stroke in adults at least one-month post-stroke.

#### Search methods

We searched the Cochrane Incontinence and Cochrane Stroke Specialised Registers (searched 30 October 2017 and 1 November 2017 respectively), which contain trials identified from the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, MEDLINE In-Process, MEDLINE Epub Ahead of Print, CINAHL, ClinicalTrials.gov, WHO ICTRP and handsearched journals and conference proceedings.

#### Selection criteria

We included randomised or quasi-randomised controlled trials.

#### Data collection and analysis

Two review authors independently undertook data extraction, risk of bias assessment and implemented GRADE.

#### Main results

We included 20 trials (reporting 21 comparisons) with 1338 participants. Data for prespecified outcomes were not available except where reported below.

#### Intervention versus no intervention/usual care

**Behavioural interventions:** Low-quality evidence suggests behavioural interventions may reduce the mean number of incontinent episodes in 24 hours (mean difference (MD) -1.00, 95% confidence interval (CI) -2.74 to 0.74; 1 trial; 18 participants;  $P = 0.26$ ). Further, low-quality evidence from two trials suggests that behavioural interventions may make little or no difference to quality of life (SMD -0.99, 95% CI -2.83 to 0.86; 55 participants).

## Lampiran 6






**LEMBAR BIMBINGAN SKRIPSI**







Nama Mahasiswa : Emilia Dyah Novitasari

NIM : 1601460044

Nama Pembimbing : Joko Pitoyo, S.Kp., M.Kep

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN PEMBIMBING
1.	27-08-2019	<ol style="list-style-type: none"> <li>Judul diganti macam-macamnya dalam latihan bladder training, bisa 3 ketukan, 10 ketukan, atau 1 hitungan</li> <li>Cari istilah tersebut yang baku</li> </ol>	
2.	30-08-2019	<ol style="list-style-type: none"> <li>Judul ACC, lanjutkan sampai kerangka konsep, mengambil data terkait dengan judul</li> </ol>	
3.	10-09-2019	<ol style="list-style-type: none"> <li>Masukan BAB 2 ACC</li> </ol>	
4.	17-09-2019	<ol style="list-style-type: none"> <li>Lanjutkan sampai BAB 3 berupa proposal lengkap beserta instrumen</li> </ol>	
5.	10-10-2019	<ol style="list-style-type: none"> <li>Pasien post operasi apa yang ada indikasi, douwer kateter lebih dari 3 hari ini perlu kejelasan</li> <li>Tata tulis lihat pedoman</li> <li>Kerangka teori dan kerangka konsep jadi satu menjadi kerangka konsep yang ringkas</li> <li>Daftar pustaka penulisan lihat pedoman</li> </ol>	

		5. Judul 1 spasi, antar judul sudah benar	
6.	22-10-2019	<ol style="list-style-type: none"> <li>1. Memperbaiki daftar pustaka</li> <li>2. Memperbaiki instrumen dan daftar tabel sesuaikan dengan judul instrumen beserta halamannya</li> <li>3. Perbaiki kriteria inklusi</li> </ol>	
7.	37-10-2019	<ol style="list-style-type: none"> <li>1. Perbaiki daftar isi</li> <li>2. Studi pendahuluan munculkan di BAB 1</li> <li>3. Desain penelitian buatlah panjang uraikan. Populasi sampel lebih dahulu</li> <li>4. Kerangka kerja 1 halaman</li> <li>5. ACC ujian Proposal</li> </ol>	
8.	23-12-2019	<ol style="list-style-type: none"> <li>1. Sampel ACC</li> <li>2. Lanjutkan BAB berikutnya</li> </ol>	
9.	26-04-2020	<ol style="list-style-type: none"> <li>1. Update tahun pada lembar judul, kata pengantar, dll 2019 ke 2020</li> <li>2. Studi literatur diperjelas dan sudah dijajaki : jurnal nasional berapa, jurnal internasional berapa, buku ber ISBN berapa supaya ada kejelasan.</li> </ol>	
10.	30-05-2020	<ol style="list-style-type: none"> <li>1. Judul di modif menjadi analisa faktor yang mempengaruhi</li> <li>2. Cover, kata pengantar, lembar pengesahan masih berbentuk proposal diganti skripsi</li> </ol>	

11.	05-06-2020	<ol style="list-style-type: none"> <li>1. Ganti tanggal bulan dan tahun ke 2020</li> <li>2. Pada metodologi penelitian jelaskan riilnya pada jurnal apa saja dan berapa jumlahnya</li> <li>3. Kesimpulan no.1 sd 4 masih belum terlihat pada penelitian dan pembahasannya</li> </ol>	
12.	14-06-2020	<ol style="list-style-type: none"> <li>1. Tidak perlu tujuan khusus</li> <li>2. Tidak perlu hipotesis penelitian</li> </ol>	
13.	29-06-2020	<ol style="list-style-type: none"> <li>1. Perbaiki judul</li> <li>2. Sesuaikan tujuan dan kesimpulan saran dengan pembahasan</li> </ol>	
14.	07-07-2020	<ol style="list-style-type: none"> <li>1. Acc semhas</li> </ol>	
15.	09-07-2020	<ol style="list-style-type: none"> <li>1. Perbanyak teori dari buku dalam pembahasan</li> </ol>	
16.	21-07-2020	<ol style="list-style-type: none"> <li>1. Acc skripsi</li> </ol>	

## LEMBAR BIMBINGAN SKRIPSI



Nama Mahasiswa : Emilia Dyah Novitanari

NIM : 1601460044

Nama Pembimbing : Rudi Hamarno, S.Kep., Ns., M.Kep

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN PEMBIMBING
1.	03-09-2019	1. Explore literature tentang topik tersebut	A
2.	06-09-2019	1. Perbedaan slow dan fast twitch	A
3.	25-09-2019	1. Cari fast dan slow jurnal 2. Dilanjut bab 2	A
4.	14-10-2019	1. Perbaiki judul 2. Penulisan / spasi	A
5.	06-11-2019	1. Perbaiki penulisan 2. Kriteria inklusi 3. Definisi operasional	A
6.	11-11-2019	1. Perbaiki penulisan 2. Definisi operasional lebih detail	A
7.	12-11-2019	1. Acc sempro	A
8.	01-0102020	1. Revisi sempro	A
9.	30-05-2020	1. Tidak perlu tempat pada judul 2. Tambahkan kerangka pikir pada BAB I 3. Populasi sampel sesuaikan panduan 4. Daftar pustaka menyesuaikan terkait buku studi literature	A

10.	31-05-2020	1. Judul diganti analisa faktor yang mempengaruhi	A
11.	14-06-2020	1. Ganti jurnal sesuai dengan keyword 2. Perbaiki penulisan 3. Tidak perlu tujuan khusus 4. Tidak perlu hipotesis penelitian 5. Tambahkan hasil yang bertentangan dan opini peneliti	A
12.	29-06-2020	1. Perbaiki judul 2. Perbaiki penulisan 3. Sesuaikan tujuan, pembahasan dan kesimpulan saran 4. Tambahkan perbedaan dan opini pada pembahasan	A
13.	06-07-2020	1. Perbaiki penulisan 2. Tambahkan abstrak 3. Tambahkan lampiran 4. Acc semhas	A
14.	09-07-2020	1. Konsisten dalam penulisan program studi 2. Mana yang lebih efektif dari beberapa jurnal tersebut	A
15.	20-07-2020	1. Perbaiki penulisan 2. Hilangkan pada beberapa lampiran yang tidak diperlukan	A
16.	23-07-2020	1. Acc skripsi	A

## Lampiran 8

***CURRICULUM VITAE*****DATA PRIBADI :**

1. Nama Lengkap : Emilia Dyah Novitasari
2. Tempat, Tanggal Lahir : Mojokerto, 13 Februari 1998
3. Jenis Kelamin : Perempuan
4. Kewarganegaraan : Indonesia (WNI)
5. Agama : Islam
6. Alamat : Dsn. Rungkut, Ds. Randuharjo,  
Kec. Pungging, Kab. Mojokerto
7. Status Perkawinan : Belum menikah
8. Tinggi / Berat badan : 160 cm / 42 kg
9. Hobi : Menggambar
10. Telepon : 085704222455
11. E-mail : emiliadyah.novitasari@yahoo.co.id

**DATA PENDIDIKAN :**

1. 2013 – 2016 SMAN 1 Pacet
2. 2010 – 2013 SMPN 1 Pungging
3. 2004 – 2010 SDN 2 Randuharjo

**DATA PELATIHAN :**

1. 2018 Pelatihan Disaster Management, Politeknik Kesehatan Kemenkes Malang.
2. 2020 Praktik Klinik Keperawatan Perioperatif Kamar Operasi RSUD Kanjuruhan Kepanjen.