

The Legality of Actions by Nurse Professional Students in Carrying Out Practices in Hospitals

¹Haqkida Kancana

¹Faculty of Law, University of Lampung, Bandar Lampung, Indonesia

Abstract:- The Nurse professional program is a process of transforming nursing students into professional nurses. The process of professional stage education in Indonesia is known as practical learning which aims to develop skills in providing nursing care and be able to adapt to its professional role. Nurse professional education does not yet have specific arrangements to be able to protect Ners professional students in carrying out practical learning, including rights and obligations. Nurse professional students are allowed to carry out nursing actions independently on the condition that they get approval from the client and remain under the supervision of the preceptor. The responsibility and accountability of Ners professional students while carrying out practical learning in the hospital is the responsibility of the preceptor. The implementation of legal protection for Ners professional students in carrying out practical learning is unclear because there are no clear laws and regulations regarding the rights and obligations of students of the Nurse professional program in carrying out practical learning at health institutions. Legal protection is obtained only from a cooperation agreement between educational institutions and health agencies, but the cooperation agreement can cause multiple interpretations and cannot provide legal protection for Ners profession students with certainty.

Keywords:- Legality, Student Profession Nurse, Hospital.

I. INTRODUCTION

After passing the S-1 Nursing program, a Bachelor of Nursing must take the Nurse professional education program if you want to work in the service department in a health institution such as a hospital. However, based on the study of the Ministry of Health of the Republic of Indonesia and the Ministry of Education and Culture of the Republic of Indonesia, this study program is held at the undergraduate level separately, but is required to complete up to the Nurse professional level. This professional education program is usually taken for 2 semesters. Alumni of the professional education program with the title Ns (Ners). The Nurse professional program is a process of transforming nursing students into professional nurses. Students have the opportunity to adapt to their roles as professional nurses in the community and nursing service environment.

Nursing service is an effort to help individuals, both sick and healthy, from birth to death in the form of knowledge, willingness, and abilities. So that these individuals can carry out daily activities independently and

optimally. [2] Meanwhile, professional nursing services are carried out in various health service settings, reaching all groups and levels of society who are in need, both in public health services and in hospital services. [3]

The quality of nursing services is an integral part of health services in hospitals that have a major role in achieving efficiency, quality and the image of the hospital in the eyes of the community. Nurses are one of the professionals who have the largest number in the hospital, so that nurses have an important role in improving the quality of hospital services through efforts to improve nursing services. The good and bad quality of nursing service can be seen through indicators of client satisfaction, client safety, self-care, client comfort, anxiety, and knowledge.

Through Ners professional education, it is hoped that academic and professional abilities can be formed as well as the ability to develop skills in providing nursing services and be able to adapt to their professional roles. In realizing this, various learning methods must be adapted to learning needs and learning facilities. The process of professional stage education in Indonesia is known as practical learning, both in hospitals, health centers, nursing homes and in the community.

In 2010, a Mutual Recognition Agreement (MRA) was agreed for various professional fields. Some of the MRA professional fields up to this year are: (1) engineers; (2) architect; (3) accountant; (4) land surveyors; (5) medical doctors; (6) dentist; (7) nurses; and (8) labor in tourism. On the basis of the principle of quality equality and an understanding of the qualifications of various fields of work and professions in the global era, a parameter of international qualifications is needed from education graduates in Indonesia.

Apart from the reasons for the demands of a new global education paradigm above, internally the quality of education in Indonesia itself, especially higher education has a very high disparity. Graduates from S1 study programs do not have equal qualifications, even graduates from the same study program. In addition, it is also not possible to distinguish between graduates of academic, vocational and professional types of education. This chaotic education qualification has made the academic accountability of higher education institutions decrease.

In 2012, through Presidential Regulation No. 8/2012, the government made qualifications for Indonesian

education graduates in the form of a qualification framework, known as the Indonesian National Qualifications Framework (KKNI).

KKNI stipulates that the learning outcomes that must be met by professional graduates are level 7 (seven) which consists of four components, namely components of attitude, general and specific work abilities, mastery of knowledge, and authority and responsibility. The general attitude and work ability component refers to the National Higher Education Standards which are general learning outcomes for all higher education graduates in Indonesia. As for the components of mastery of knowledge, special work abilities, authority and responsibility, it refers to the level 7 (seven) KKNI in the nursing field which has been agreed by the higher education KKNI drafting team involving the PPNI and AIPNI professional organizations.

Article 36 point (a) of Law Number 38 Year 2014 concerning Nursing emphasizes that nurses in carrying out nursing practice have the right to obtain legal protection as long as they carry out their duties in accordance with service standards, professional standards, standard operating procedures, and provisions of the Laws and Regulations. While the higher education settings for nursing in general are only regulated in Chapter III of Law Number 38 of 2014 concerning nursing, however, the special arrangements regarding Nurse professional education do not yet have specific arrangements to be able to protect Ners professional students in carrying out practical learning including the rights and obligations of students such as education. medical profession which already has Law Number 20 of 2013 concerning Medical Education.

The provisions contained in Law Number 36 of 2014 concerning Health Workers in article 75 require that health workers in carrying out their practice have the right to legal protection in accordance with the provisions of the Prevailing Laws. However, the Health Workforce Law does not provide legal protection for Ners professional students because they do not have a Registration Certificate (STR) issued by the Indonesian Health Workforce Council because nurses do not have a nursing council so that they cannot be considered as health workers.

II. LITERATURE REVIEW

A. Nurse Professional Education

Nurse professional education is a stage of the professional adaptation process to receive gradual delegation of authority in carrying out professional nursing care, providing health education, making legal and ethical decisions and using the latest research results related to nursing. According to Law Number 20 of 2002 concerning the National Education System, it is stated that education is a conscious and planned effort to create an atmosphere of learning and the learning process so that students actively develop their potential to have spiritual strength, self-control, personality, moral intelligence and the necessary skills. himself society.

The Ners professional education program is organized as an inseparable or non-separate follow-up program after completing the undergraduate nursing education program. The professional stage of Nurse Education is a stage of the professional adaptation process to be able to receive the delegation of authority gradually in carrying out professional nursing care, provide health education to carry out advocacy functions to clients, make legal and ethical decisions and use the latest research results related to nursing.

The Ners professional education program produces scientist (Bachelor of Nursing) and professional (Ners = First Professional Degree) nurses with professional attitudes, behavior and abilities, as well as being accountable to carry out basic nursing care / practice (up to a certain level of complexity) independently. As a professional nurse, which is carried out according to the client's objective needs and supervises nursing practice carried out by novice professional nurses. In addition, they are required to have the ability to improve the quality of nursing services / care by utilizing advanced nursing science and technology appropriately, as well as the ability to carry out basic nursing research from a simple application.

B. Practice Learning

In the learning process of the Nurse professional education, students take part in two stages of learning, namely theoretical learning and practical learning. In practical learning, Ners professional students have the opportunity to apply theory by practicing caring for clients. Practical learning can develop competencies and provide broad insights into the provision of nursing care. The purpose of practical learning is to improve the abilities of nursing students, especially students of the Nurse profession, by acquiring the knowledge, skills and attitudes needed to care for clients.

Practical learning can be said to be the key in the formation of Ners professional students because students can apply knowledge theory and develop skills to provide nursing care to patients directly. A conducive practical learning environment and the elements involved in it can be a dynamic forum for students. The selected practical learning environment is very important to achieve practical learning objectives in a nursing education program.

Practical learning is different from academic education, practical learning has a concept, namely: [5]

- ✓ Based on competence There are 4 levels of competence that must be achieved by health education participants, starting from knowing, knowing how, showing how, and doing does.
- ✓ Student-centered In this process, students are required to be active and responsible for the practical learning process.
- ✓ Patient / service based The practical learning process carried out in health facilities is not allowed to forget ethics towards patients, including autonomy, beneficence, non-malaficience and justice. The services provided must pay attention to the rights of the patient,

the care must be beneficial for the client, and fair for the client.

- ✓ According to human needs (flexible for individual needs)
The clinical guidance process is carried out according to the needs of students, meaning that it is in accordance with the development of student clinical skills learning.

III. RESEARCH METHODS

This research is a legal research using a socio-legal approach where in principle this study is a legal study using a social science methodological approach in a broad sense. The data used in this study consisted of two types of data, namely primary data and secondary data.

Data were collected through inventory procedures and identification of laws and regulations, observation, and classification and systematization of legal materials according to research problems. Legal materials and data collected were reviewed for completeness (editing), then classified and systematized thematically (according to the subject matter), for further analysis where the analysis was carried out qualitatively, and then described descriptively.

The main data / material in this study were obtained directly from sources through field research, namely the preceptors, academics, students of the Nurse profession, and graduates of the Nurse profession. As a scientific activity, this research is not based on reviewing one legal discipline only, but is based on the perspectives of the relevant nursing disciplines. Although the research conducted uses the perspective of nursing disciplines, this research is still a legal research, because the perspective of nursing disciplines is used only as a tool in the implementation of this research.

IV. RESULTS

In carrying out its function as a place for providing education and training, as well as supporting student activities, namely learning the practice of nursing students, midwifery, pharmacy and other health students. Pusri Palembang Hospital also collaborates with several other universities such as the Budi Mulia Palembang Midwifery Academy, the Palembang Muhammadiyah Institute of Health and Technology, Palembang's STIK Bina Husada, and STIKes Prima Nusantara Bukit Tinggi.

Based on the results of an interview with Ms. Devi Marlina Asri, S.Kep. as the preceptor and head of the room in the flamboyant inpatient room of the Palembang Pusri Hospital, during the COVID-19 pandemic, the Palembang Pusri Hospital eliminated all practical learning considering the high risk of students contracting the virus. According to the provisions, while students are practicing at the hospital, the responsibility of the students will be fully borne by the hospital so that starting from February 2020 the Palembang Pusri Hospital returns students who are practicing and eliminates students from practicing until the pandemic ends.

Nursing actions given to students of the Nurse profession go through several stages first, first the Nurse professional students are given the opportunity to observe the action, namely seeing how the action is carried out and

adjusting to the existing theory, then if it is felt that the client's condition allows the preceptor to provide opportunities for the Nurse professional students to perform actions under supervision or as an assistant. In the role of being a student assistant, they are asked to prepare tools and help the receptors take the actions to be taken.

But sometimes, students who practice in the hospital just wait for instructions from the preceptors or nurses in the room. [6] Students should be able to take the initiative to ask for actions that must be achieved and maximize the opportunities that have been given by the hospital. The learning outcomes that have been set by the educational institution also actually cannot be a measure of the success of students in carrying out practical learning properly, because it is often found that students commit fraud by faking signatures on the learning achievement sheet. From his experience as a preceptor as well as head of the room, many students should not be eligible to graduate but must be graduated due to requests from educational institutions.

Furthermore, RSUD. Dr. H. Abdul Moeloek Lampung Province collaborates with several educational institutions such as SMK Kesuma Bangsa Pharmacy, Adila Bandar Lampung Midwifery Academy, Nadira Bandar Lampung Midwifery Academy, Panca Bhakti Academy of Midwifery and Nursing, Mother Delima Nursing Academy, Hampar Baiduri Kalianda Midwifery Academy, Health Polytechnic Jakarta II, Polytechnic of the Ministry of Health Tanjung Karang, STIKes Muhammadiyah Pringsewu, Aisyah Pringsewu University, STIKes Tri Mandiri Bengkulu, Malahayati University Bandar Lampung, Lampung University, Ahmad Dahlan University Yogyakarta, Sriwijaya University and the University of Indonesia.

From the results of an interview with Mrs. Septi Kurniasih, S.Kep, Ners, Sp. KMB as the Head of the Nursing Service Resources Section that in accordance with the cooperation agreement between educational institutions and health agencies, namely practical learning using the bedside teaching method that has been agreed by both parties, Ners professional students are allowed to carry out nursing actions independently but still under the supervision of their supervisor.

Bedside teaching is an active learning method which is implemented using clients as direct learning media in patient rooms at the hospital. The bedside teaching method is often used by educational health professionals such as doctors and nurses in studying real cases or providing direct client care. [7] This method is done with the aim of knowing in depth and comprehensively the client's case being studied. Bedside teaching is a clinical guidance method, where bedside stands for briefing, expectation, demonstrations, specific feedback, microskill inclusion, debriefing and education. Bedside teaching is a learning method in the health sector that is actively carried out by involving students, clients and directly facilitated by the clinical supervisor (preceptor). The benefit that students get through the bedside teaching method is the opportunity to use the five senses (sight,

hearing, smell and touch) to learn about clients and the health problems they experience.

There are three important components in the bedside teaching learning method, namely the interaction between clients, preceptors, and active interaction among students. The three components are intertwined in the bedside teaching learning process. In addition, patient satisfaction in implementing bedside teaching is usually fulfilled with the help of the receptors and students who carry out actions according to the instructions of the supervisor. Clinical supervisors receive training on the role and learning objectives to be achieved so that clinical supervisors are competent in guiding students in achieving competence. According to the standard on the application of the bedside teaching method, the number of students per group is 5-6 students per group.

The implementation of bedside teaching should not cause harm and harm to the client. Some circles claim that bedside teaching can interfere with the comfort and privacy of clients and their families. In addition, the short time the client is in the hospital because the client's health condition has improved and because the request from the family is an inhibiting factor in the running of this method. The lack of supervisory skills is also the reason why bedside teaching is rejected as a practical learning method. [8]

According to research conducted by Darmawan, it shows that most clients accept the presence of students when there is no contact with the client (reading medical records or observations when the doctor performs a physical examination) compared to other situations such as carrying out a physical examination or having direct contact with the client. (9)] To get permission to do nursing actions independently, previous students must make observations first, after being declared feasible by the preceptor, then students can take action independently but still under supervision. Students will not be allowed to perform nursing actions without supervision from the preceptor. Because in the hospital not all can accept the presence of students to handle it.

The results of an interview with one of the Indonesian Pioneer University academics who were not willing to be identified during the COVID-19 pandemic according to the provisions of the learning process carried out with a 60% face-to-face system and 40% online via Elearning / Moodle Upertis. Before students go directly to the practice area, students must take a competency test of twelve basic actions in the laboratory by osce, for newly graduated students are given permission to carry out practical learning at the hospital, for those who have not graduated, remedial or enrichment of the material is carried out again until the student really banar is declared to have passed with a value limit of 70. In practice, students must make a mind map based on the top 10 diseases that have been agreed upon by the academic supervisor via email and conduct pre-conference cases via online conference meetings or according to the agreement with their respective supervisors. Then students report cases based on nursing concepts ranging from assessment to nursing evaluation. Then for the

implementation of Bed side teaching can be done online to students according to a contract with the supervisor.

From the results of an interview with Mr. Wisnu Probo Wijayanto, S.Kep, Ners, MAN as the Head of the Nurse Professional Study Program, Aisyah Pringsewu University said that during the COVID 19 pandemic, Nurse professional students continued to carry out practical learning in the hospital but by complying with the health protocol recommended by the government such as wearing personal protective equipment (PPE), maintaining health, and adopting a clean and healthy lifestyle. For the availability of PPE itself, it has been provided from the educational institution and given to students as needed. In the practical learning process during this pandemic, if students are confirmed with COVID 19, 50% will be the responsibility of the education agency and 50% will be the responsibility of the hospital.

Interview with Junia Fitriana, S.Kep., Nurse who has worked as a practitioner at Zainal Abidin Pagar Alam Hospital Way Kanan said that during her career as a nurse, she had the opportunity to take several actions, including inserting and removing infusions, inserting catheters, collecting blood specimens through intravenous means. , inserting and feeding through a nasogastric tube (NGT), and changing the bandage. Tasks obtained from educational institutions include case report proposals, preliminary reports, case reports, papers, and scientific papers which are the final assignments of the Nurse professional education program. The evaluation carried out by the preceptor is always carried out at the end of each stage in the form of an oral exam around the case report that has been determined and made at the beginning of the stage.

In carrying out nursing actions that exist in learning outcomes, students actually have to pass 3 categories, namely observation, assistance and independence. So the first time a student goes to the hospital, the student is not immediately given permission to take action independently but the student has to go through several stages of observation. In the observation stage, students are asked to see and observe the actions to be taken, prepare the tools and materials to be used, then the preceptor will explain at the nurse station what actions will be taken, then the preceptors will practice directly with the client. After making observations several times, then students will be asked to become assistance. After it is felt that the student is capable of doing these actions, only then will the preceptor give permission to students to take action independently. Even in independent actions, students must still be accompanied by the preceptor. And the action taken must be with the permission of the preceptor, students are not allowed to take the initiative to take any action without the permission of the preceptor.

The actions taken by students while they are in the hospital have become an agreement in line with the permission given by the hospital, which means that the hospital will also be responsible if things happen that are not desired. Field supervisors play an important role in the practical learning process because it is the field supervisor

who has the authority to give permission to students to take nursing actions, be it observation, assistance, or independently. All the means of practice used must be based on mutually beneficial cooperation agreements, including Tridarma activities.

It is stated in the 2015 Indonesian Nurse Curriculum Book that in the learning process of the Nurse profession, the focus of emphasizing the mastery of learning outcomes is through delegation of authority. As long as the preceptor delegates some of the authority regarding client care to the

students, the responsibility and accountability for the client remains with the receptor. However, if the student has obtained complete and comprehensive authority regarding the client who has been delegated, then the internal responsibility and accountability for the room already belongs to the student.

In principle, the term delegation listed in the 2015 Indonesian Ners Curriculum book is not quite right, the more appropriate use of the term is mandate. The differences between delegation and mandate can be outlined as follows:

Delegation	Mandate
Delegations are usually given between government organs and government officials, and usually the authorizing party has a higher position than the party given the authority.	Generally, the mandate is given in the internal working relationship between superiors and subordinates
There is recognition of authority or transfer of authority	There is no recognition of authority or transfer of authority in the sense that the mandate only acts for and on behalf of the one that gives the mandate
The delegator of the delegation cannot use the authority he has because there has been a transfer of authority to the one given the authority	The mandate may still exercise authority when the mandate has expired
The delegator of the delegation is not obliged to give instructions (explanation) to the person in charge regarding the use of this authority but has the right to request an explanation regarding the implementation of this authority.	The manadt is obliged to give instructions (explanation) to the person entrusted with the authority and has the right to request an explanation regarding the exercise of this authority.
Responsibility for the exercise of authority rests with the party receiving the authority	Responsibility for the exercise of authority does not transfer and remains with the party giving the mandate

A preceptor can delegate his authority to deal with clients related to health problems by first paying attention to the abilities or abilities of the person who will receive the delegation of authority. The occurrence of errors in the provision of nursing care carried out by students of the Nurse profession can result in losses suffered by clients, of course making nurses and other health workers.

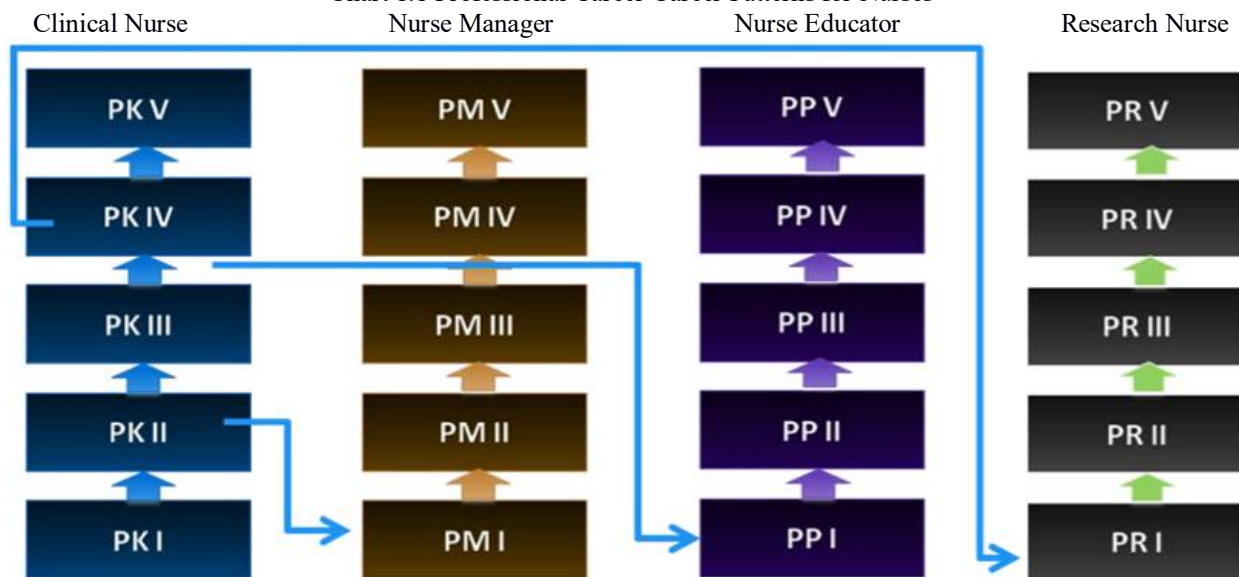
According to civil law, an agreement to provide assistance can be classified as an agreement to perform certain services as regulated in Article 1601 of the Civil Code. An agreement to perform certain services is an agreement that has been regulated in Book III Chapter Seven A of the Civil Code, so that this agreement is referred to as a named agreement (nominaate contract or benoemde contract). As a named agreement, it must be guided by the principle of freedom of contract, the principle of consensualism, the principle of pacta sunt servanda (the principle of legal certainty), the principle of good faith and the principle of personality.

Although Ners professional students are not yet health workers, when students carry out practical learning at the

hospital, they will face the client directly. Where clients have the right to know that they will get nursing services by students. In accordance with what was conveyed by Mrs. Puji Setya Rini, S.Kep, Ners, M.Kes. As a member of AIPNI as well as the secretary of professional education for Nurse Muhammadiyah Palembang As far as he knows and understands as the manager of the Nurse professional program, each institution has many learning methods such as the evaluation method and the bedside teaching method, but the bedside teaching method is the method most often used in almost all parts of the world. Ners professional program institution.

The development of a nursing professional career pathway system in this guideline is intended for clinical nurses who practice as nursing care providers in health care facilities. As a whole, the professional career path in Indonesia consists of 4 fields, including Clinical Nurses (PK), Nurse Managers (PM), Nurse Educators (PP) and Research / Research Nurses (PR). The four professional nursing career paths are depicted in Figure 1.1

Chart 1.1 Professional Career Career Patterns for Nurses



Each field has 5 (five) levels, starting at the generalist level, basic specialization, continuing specialization, specialist, subspecialist / consultant. To become a level I manager nurse requires level II clinical nurse competence. To become a level I teaching nurse requires level III clinical nurse competence. [10] To become a level I nurse researcher requires level IV clinical nurse competence. Clinical Nurse III is a clinical nurse level with the ability to provide comprehensive nursing care in a specific area and develop nursing services based on scientific evidence and carry out clinical learning.

Clinical nurse III is a clinical nurse level with the ability to provide group nursing care in the community or in special settings (school, industry, nursing home, LAPAS) in the District area. Improvement of professional career paths through continuous professional development based on education can be done in two (2) ways, namely formal education and competency-based continuing education (certification).

Formal education

Clinical Nurse III Clinical nurse III (competent) has an educational background of D-III Nursing with work experience ≥ 10 years and has a level III clinical period for 9-12 years or nurses with work experience ≥ 7 years and undergoing clinical level III for 6 years - 9 years or Specialist Nurse I with 0 years work experience and undergoing clinical level III for 2 - 4 years. Clinical nurse III graduates of D-III Nursing and Ners must have a PK II certificate.

Competency-Based Continuing Education (Certification)

Clinical nurses III (competent) have a D-III Nursing background with work experience ≥ 10 years and undergo a level III clinical period for 9-12 years or nurses with work experience ≥ 7 years and undergo a level III clinical period for 6-9 years. Clinical nurse III must have PK II certificate and technical certification.

Every nurse has the right to increase the career path according to the chosen career plan. After carrying out the task of providing nursing care and having the competence of care at a career level above it, the nurse can propose an increase in the level with the credential stage and then carry out the task at the new level. Advancement in nursing career paths should be accompanied by an increase in awards in the form of remuneration. For nurses who have not met the requirements to upgrade to a level, special guidance will be given and if for 2 years they still do not meet the requirements, they will get sanctions according to the agreed conditions.

The preceptor has the responsibility of supervising students of the Nurse profession, and failure to carry out this responsibility is the basis for negligence. Students should receive protection from health institutions, but what happens is that negligence is only the responsibility of the second party (educational institution). Because in the cooperation agreement it is stated that, the second party is responsible for all losses incurred, and bears all costs for accidents / deaths from third parties due to education / research and community service activities. According to the author, the purpose of the agreement is not balanced because it is burdensome to the second party. It needs restructuring in making a cooperation agreement so that students as the object of the agreement receive protection from both parties.

According to Mrs. Salama, S.Kep., Ners. as the Head of the Nursing Division said that the Palembang Pusri Hospital would be responsible to all students practicing in the hospital, because according to him, if the students were practicing in the hospital, the full responsibility would be held by the hospital.

Furthermore, Mrs. Irnawati, SH, who served as staff in the legal department of Dr. H. Abdul Moeloek, Lampung Province stated that in the cooperation agreement that was agreed by the parties, if there was a force majeure, the two parties would conduct a mediation which would be attended

by the first party, namely the hospital, the second party, namely the educational institution, and the last is the student concerned. However, if no middle ground is found after mediation, the party who feels aggrieved can file a lawsuit at the Tanjung Karang Class IIA District Court. But until now in Dr. H. Abdul Moeloek, Lampung Province, there are no problems regarding default regarding educational institutions that reach the court, all of which have been resolved through mediation.

The agreement made between the educational institution and the health agency does not explain with certainty what kind of legal protection will be obtained by students who are carrying out practical learning. Usually if a student makes a mistake when the preceptor is not at the scene, the room will only see the student's logbook and ask for testimony from the nurse who happens to be in that room. However, these students are rarely given the opportunity to explain in detail about the mistakes made. Not to mention the pressure from the health agency to return the student to the educational institution if the student did not admit his mistake. According to the author, The student cannot be said to be guilty of the negligence he made because the student is still in the learning stage. These students cannot be held accountable either criminally or civil. The preceptor should have full responsibility for the students, the preceptor should not allow students to carry out any nursing actions without the supervision of the preceptor. Even though the situation in the field there are still many preceptors who let students carry out nursing actions without supervision. The preceptor must not allow the student to perform any nursing actions without the supervision of the preceptor. Even though the situation in the field there are still many preceptors who let students carry out nursing actions without supervision. The preceptor must not allow the student to perform any nursing actions without the supervision of the preceptor. Even though the situation in the field there are still many preceptors who let students carry out nursing actions without supervision.

From the results of field observations, until now there is no special Nursing Teaching Hospital (RSP), and there is no Government Regulation that regulates legal protection for Ners professional students, including the rights they have and the obligations that must be fulfilled by Nurse professional students. Currently available only Medical Teaching Hospitals and further medical education (specialists).

V. CONCLUSION

Based on the results of the discussion related to the profession for Ners professional students in carrying out practical learning it is not clear because there are no clear laws and regulations regarding the rights and obligations of Nurse professional program students in carrying out practical learning at health institutions. Legal protection is obtained only from cooperation agreements between educational institutions and health agencies, but such

cooperation agreements can cause multiple interpretations and cannot provide certain legal protection.

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