

CURRICULUM VITAE



FACULTY OF
MEDICINE

• Formal Education

- Medical Doctor (MD), Faculty of Medicine Universitas Indonesia (1994–2000)
- Master of Clinical Epidemiology (M.Epid), Faculty of Public Health Universitas Indonesia (2003–2006)
- Doctoral in Medicine (PhD), Faculty of Medicine Universitas Indonesia (2013 - 2016)

• Designation

- Community Service Coordinator, Community Medicine Department Faculty of Medicine Universitas Indonesia (2008–2013)
- Medical Education Coordinator, Community Medicine Department Faculty of Medicine Universitas Indonesia (2014 - present)

• Intellectual Rights

- Care Coordinator Performance Instrument Development, Performance Measurement and Its Correlation With Leadership: A Study of Primary Care Physician on Non-Communicable Disease Management in Puskesmas DKI Jakarta. Ministry of Law and Human Rights Republic of Indonesia, No C00201605076. December 2016



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LEADERSHIP IN DOCTOR-PATIENT INTERACTION

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OUTLINE OF PRESENTATION

- Background
- Levels of health system
- The need in primary care
- Care Coordinator
- Clinical leadership
- Transformational leadership vs Patient centered
- Leadership in doctor-patient relationship
- Care coordinator model in primary care
- What to do?
- Conclusion and Recommendation

BACKGROUND

**GLOBAL
HEALTH
PROBLEM:
Developing
Countries**

EFFORT

- Accessibility
- Community Empowerment
- MDG and SDG

STRATEGY

- Standardization
- Accreditation
- Health policy
- Universal coverage
- Human resources improvement



MACRO HEALTH SYSTEM

- Legislative level
- Health policy
- Investment policy
- Health finance system
- Standardization
- Continuing education
- Inter-sector coordination

MESO HEALTH SYSTEM

- Health service flow
- Health provider expert
- Evidence based medicine
- Prevention based
- Information system
- Relation with community resource

MICRO HEALTH SYSTEM

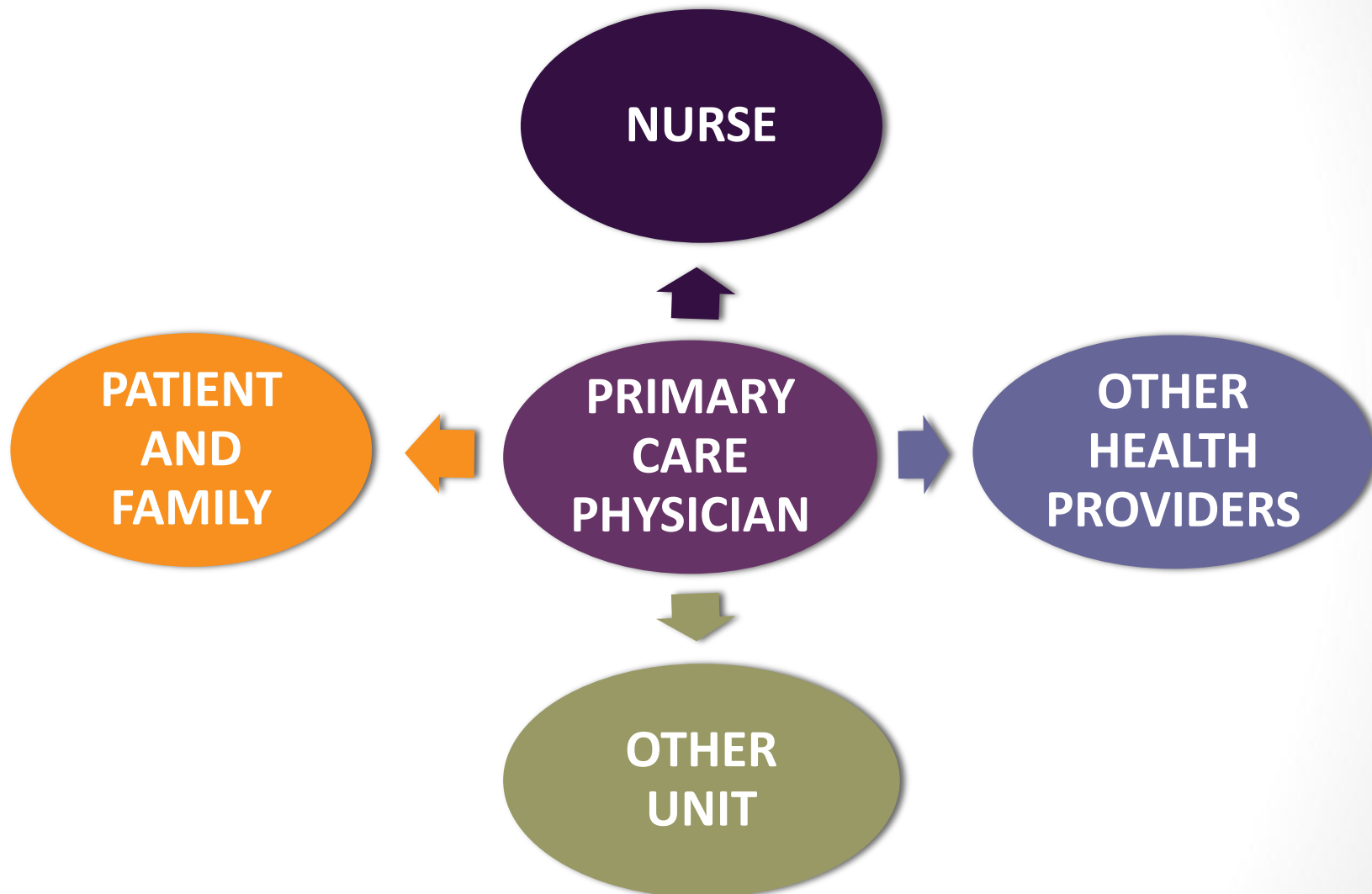
- Patient empowerment
- Doctor-Patient Interaction



PRIMARY HEALTH CARE: NOW MORE THAN EVER (W.H.O 2008)

- The need in primary care:
 - Understanding people: person-centered care
 - Comprehensive and integrated responses
 - Continuity of care
 - Bringing closer to the people
 - Responsibility for a well-identified population
 - Organizing primary care networks → primary care team as a hub of coordination
 - Monitoring progress

CARE COORDINATOR



- McWhinney I, Freeman T. Textbook of Family Medicine. 3rd ed. Oxford: Oxford University Press; 2009
- Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q. 2005;83:457–502

LEADERSHIP

- Action, ACT/DO, not position
- Leadership vs Leader
- Doctor → Leadership
 - Motivate
 - Engage
 - Collaborate
 - Influence behavior change
- Target case management
- *Community Leader (5 Stars Doctor WHO)*

CLINICAL LEADERSHIP



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- From doctor, by doctor
- Initiate and implement change
- Determine direction, resource management, motivation
- Still maintaining clinical role
- Integrated into daily practice, become part of clinical role
- Directly involve in health care to patients

- Edmonstone J. Clinical Leadership Development. 1st ed. Edmonstone J, editor. Chichester, West Sussex: Kingsham Press; 2005
- Swanwick T, McKimm J. ABC of Clinical Leadership. West Sussex: Wiley-Blackwell; 2011.

TRANSFORMATIONAL LEADERSHIP VS PERSON CENTERED APPROACH

Transformational Leadership

- Leader - Follower
- Explore ideas, aspirations, and expectation of followers
- Respect, understand, and care about follower's problem
- Explain vision and goals of organization
- Encourage followers to achieve the goals
- Task sharing and agreed responsibility
- Motivates follower to rise to a higher level

Person Centered Approach

- Doctor - Patient/Client
- Explore ideas, concern, and expectation of patients
- Respect, understand, and care about patient's problem
- Explain goals and objectives of disease management
- Encourage patients to control disease
- Mutual agreement or target/clinical outcome
- Motivates patient to change their behavior

- Swanwick T, McKimm J. ABC of Clinical Leadership. West Sussex: Wiley-Blackwell; 2011
- Stewart M, Brown JB, Weston WW, McWhinney IR, William CL, Freeman TR. Patient Centered in Clinical Medicine: Transforming The Clinical Method. Oxford: Radcliffe Publishing Ltd; 2006



FUNCTION OF A LEADER



- **PLANNING & GOAL SETTING**

- Clarify the findings and determine how to achieve the goals

- **FEEDBACK**

- Supervise, monitor, and record the performance so that everyone knows how well their duty performance

- **PROBLEM SOLVING**

- Identify problem, develop alternatives and evaluate existing options

- **RECOGNITION**

- Strengthening the desired performance and provide recognition for improvement or progress

LEADERSHIP IN DOCTOR-PATIENT INTERACTION

Planning

**Providing
information**

Monitoring

**Solving
problems**

**Providing
support**

Developing

**Giving reward
and
appreciation**

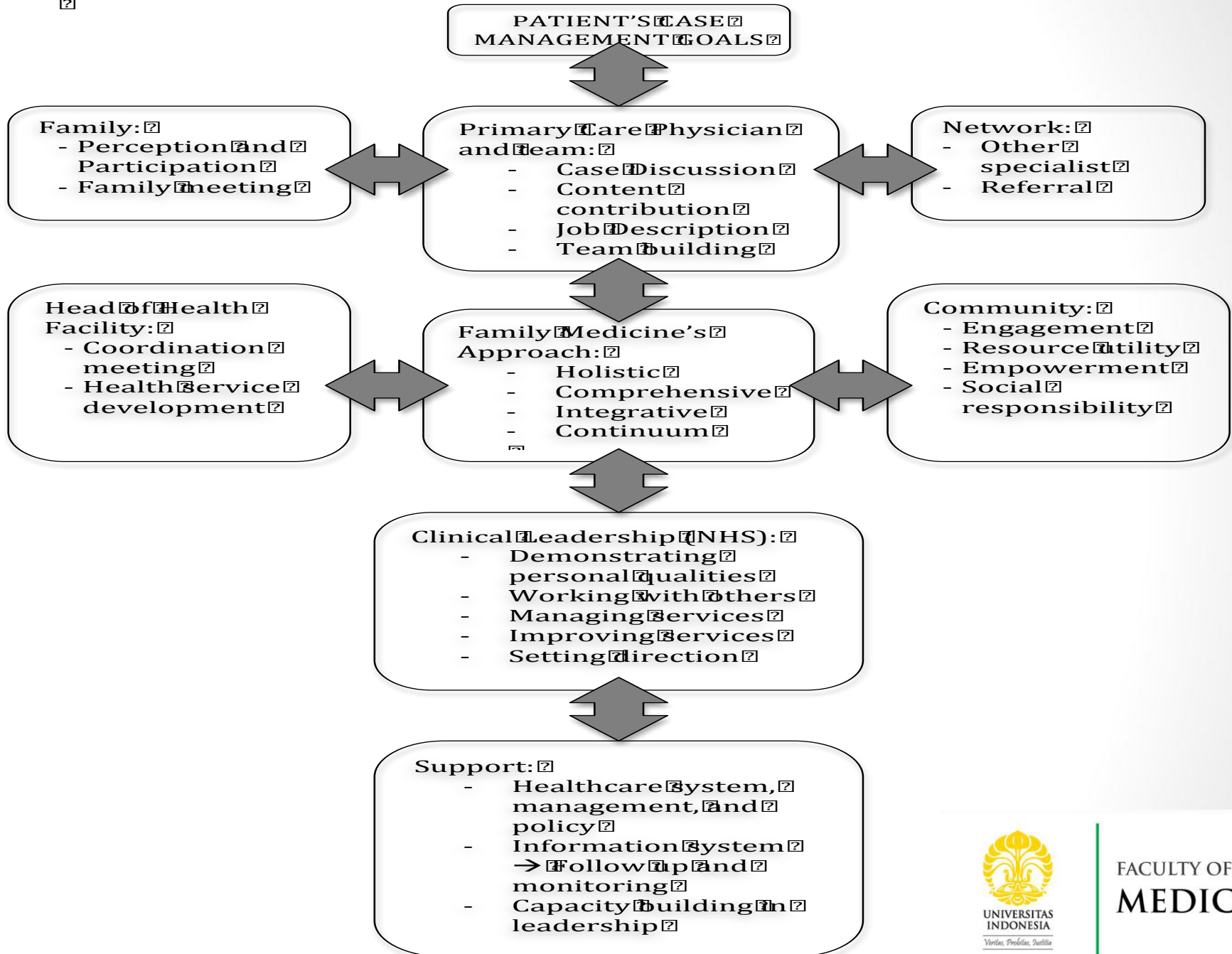
**Managing
conflict**

**Forming work
teams**

Building professional networks

CARE COORDINATION MODEL IN PRIMARY CARE

?



IMPROVE THE PERFORMANCE OF CARE COORDINATOR

- Increase the implementation of interdisciplinary services
- Strengthening the capacity of primary care physician and exposure to manage interdisciplinary team
- Clarify the service flow, job desk and responsibilities of each member of the health team
- Improve information systems that can be accessed quickly and processed longitudinally to evaluate management goals

INVOLVEMENT TO DETERMINE DIRECTION OF SERVICE

- Regular meeting with fellow physician for case discussion/ making clinical guide / new standards or revisions according to current conditions
- Regular meetings with head of health facility to discuss the patient's complaints or to fix service flow and strengthening the role of each health providers involved
- Regular meetings with management to deliver new/revised management guidelines and advocate why it needs policy/rule change

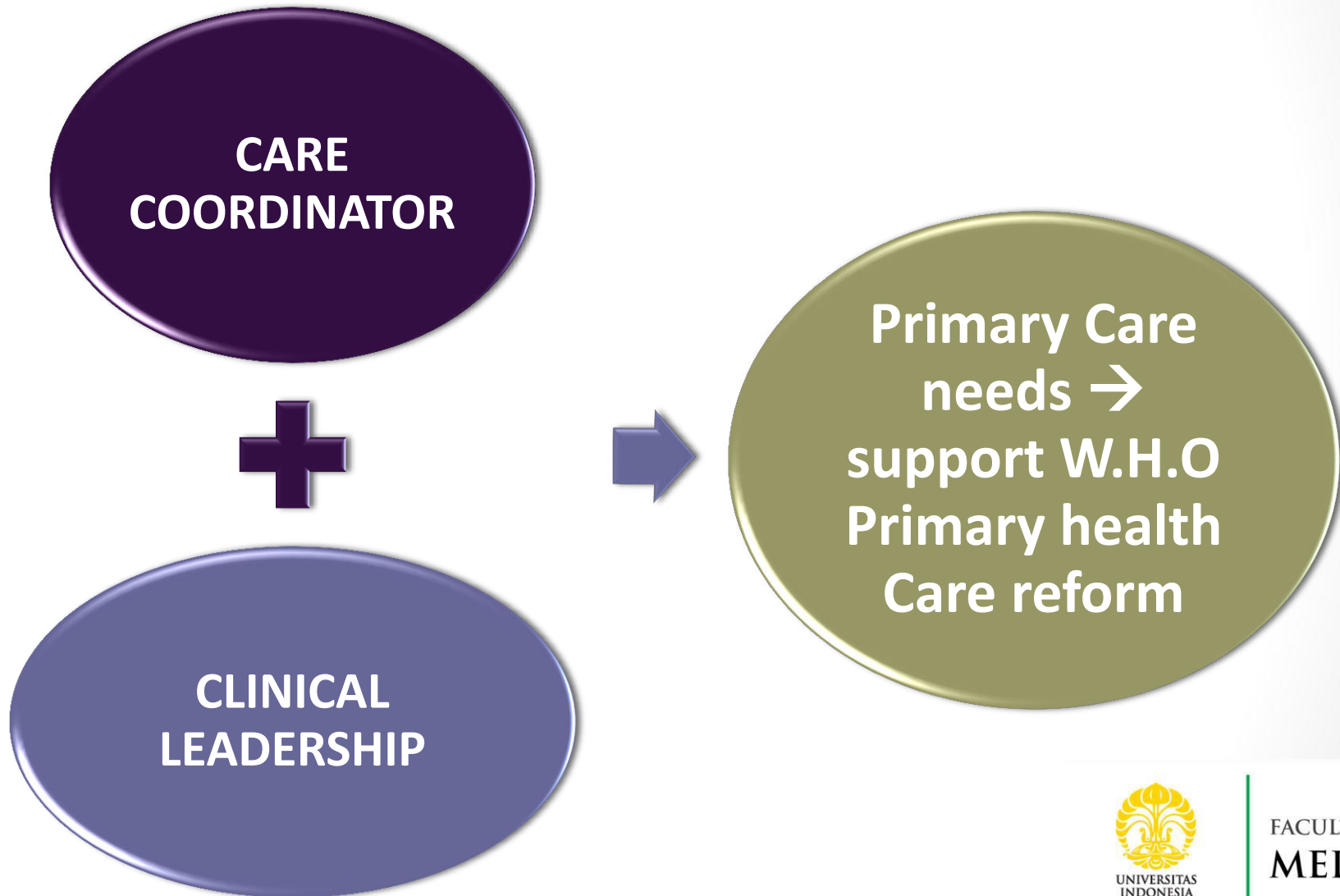


→ Diplomacy, influence, leadership, and effective communication skills

INCREASE CREATIVITY AND RELATIONSHIP

- Regular meetings to discuss cases / patient's complaints
- Contributions to health education materials creation, guidelines, service flow, or other written guidance
- Develop recording / integrated data processing in order to avoid overlapping of recording / questions
- Team building to development agreed activities and monitored together

CONCLUSION



RECOMMENDATION

**FORMAL
EDUCATION OR
TRAINING ON
LEADERSHIP
COMPETENCE**

**CARE
COORDINATOR IN
PRIMARY CARE
WITH LEADERSHIP
SPIRIT AND
COMPETENCE**

**Periodic
evaluations,
constructive
feedback, solid
teamwork,
cooperation with
patients, families,
communities, other
health workers,
networking**

**Improving the
quality of life
of patients,
family, and
community**

*“It is not enough for a clinician to act as a practitioner in their own discipline. They must act as **partners to their colleagues**, accepting **shared accountability** for the service provided to their patients. They are also expected to **offer leadership** and to **work with others** to change systems when it is necessary for the benefit of patients.”*

(Tomorrow’s Doctors)



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THANK YOU

**TERIMA
KASIH**