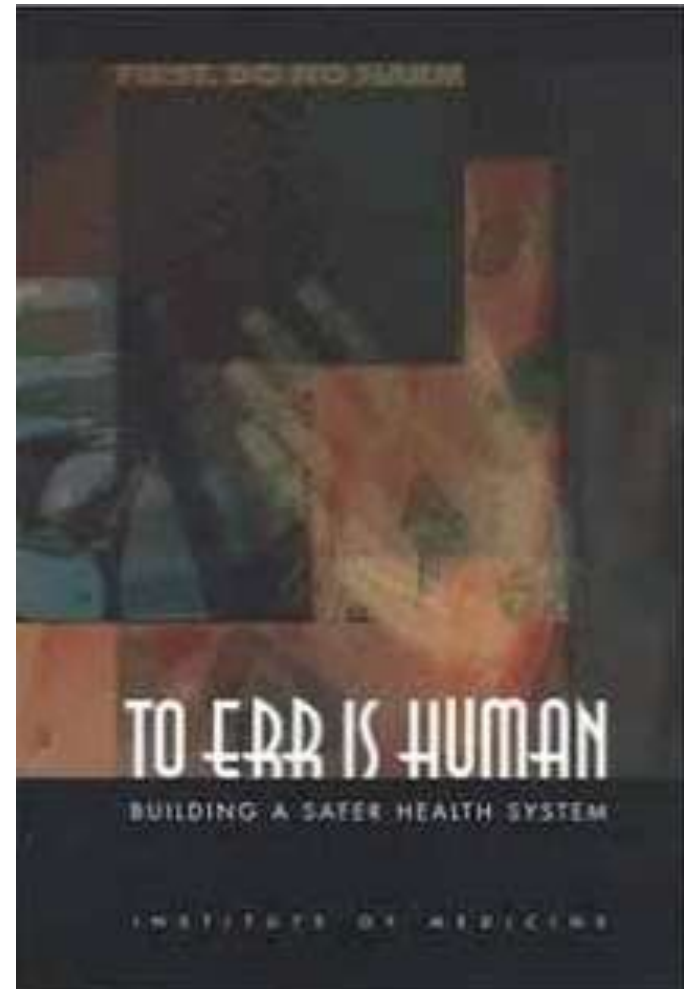


# Integrasi materi patient-centered care dalam orientasi PPDS di FK UGM

Ova Emilia

FK UGM

- 1999 landmark report
- 3rd leading cause of death
- 44,000 – 98,000 patients per year
- Commercial jet every day



It then laid out the basics of a **plan to reduce the numbers of "preventable adverse events,"** a euphemism for medical errors.

Gave rise to the patient empowerment movement

- Reasons the reported deaths happened
- Called for a shift from placing blame, to finding the reasons and fixing them
- Outlined a series of proactive recommendations for doing just that

# Residents and Adverse Events

- Survey of 640 trainees
- 55% had taken care of a patient with AE
  - 17.8% were within the week prior
  - 37% felt partially responsible
  - 8% had fatal outcomes

Jagsi R et al. *Arch Intern Med.* 2005; 165:2607-2613.

# IM Residents

- 114/254 respondents – 45% (36% interns, 64% residents)
- Types of errors
  - Diagnosis (33%)
  - Prescribing and dosing (29%)
  - Evaluation and treatment (21%)
- Outcomes: 90% reported significant adverse patient outcomes, including death (31%)
- Physical discomfort, emotional distress, additional therapy/procedure/stay

Wu A et al. Do House Officers Learn From Their Mistakes?

JAMA 1991;265:2089-2094.

# Accreditation Council for Graduate Medical Education (ACGME)

## 6 Curriculum competencies in the Common Program Requirements

- Patient care
- Medical knowledge
- Practice based learning and improvement \*
- System based practice \*
- Professionalism
- Interpersonal skills and communication

[www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)

# Practice Based Learning and Improvement

*Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:*

- (1) identify strengths, deficiencies, and limits in one's knowledge and expertise;*
- (2) set learning and improvement goals;*
- (3) identify and perform appropriate learning activities;*
- (4) **systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement***
- (5) incorporate formative evaluation feedback into daily practice;*
- (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;*
- (7) use information technology to optimize learning; and,*
- (8) participate in the education of patients, families, students, residents and other health professionals.*

# System Based Practice

*Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:*

- *(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;*
- *(2) coordinate patient care within the health care system relevant to their clinical specialty;*
- *(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;*
- **(4) advocate for quality patient care and optimal patient care systems;**
- **(5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,**
- **(6) participate in identifying system errors and implementing potential systems solutions.**



# Program orientasi



# Target

- Memahami nilai dan sejarah tempat belajar residen di UGM dan RS
- Memahami kebijakan yang berlaku di FK UGM, RS terkait dengan pendidikan, dan pelayanan
- Memahami tata kerja yang berlaku di RS
- Memahami peran dokter dalam menjaga mutu pelayanan
- Memahami upaya-upaya klinik yang dapat dilakukan dokter dalam mendukung perbaikan mutu pelayanan di berbagai tempat pelayanan
- Memahami mekanisme pembayaran pelayanan kesehatan yang dapat berdampak pada mutu pelayanan
- Menerapkan aspek praktis sistem informasi klinik yang diperlukan dokter

# Target

- Menerapkan kepemimpinan dalam seting klinik
- Memahami penerapan evidence based medicine dalam praktek klinik
- Memperagakan interaksi dokter pasien dan pendekatan pemeriksaan pasien secara lege artis
- Memahami aspek etik dan legal dalam proses pendidikan dan pelayanan pada pasien
- Memahami cara membimbing dokter muda dan memberikan feedback
- Melakukan penelusuran literatur yang diperlukan untuk mendukung pembelajaran dan proses pelayanan pasien yang berkualitas

# Kegiatan

- 2 hari sesi paparan dan tanya jawab
- 9 modul @ 6-8 jam
- **Pembinaan perilaku profesional: setiap 3 bulan selama pendidikan**
- Tim:
  - RS
  - FK
  - Prodi

# Hari 1

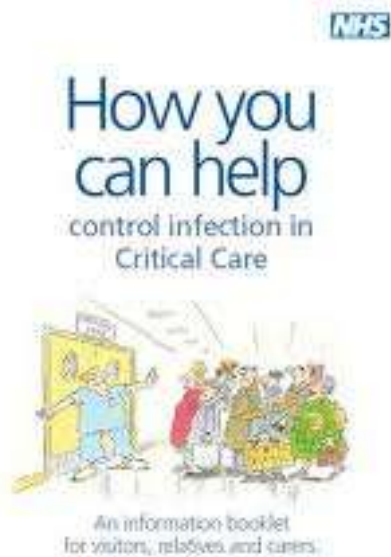
- Perkenalan, janji residen
- Kuliah Perdana
- Nilai-nilai, sejarah UGM, FK, dan RS dan profesionalisme bercirikan UGM
- Kebijakan FK UGM: hubungan kerjasama FK dan RS wahana pendidikan dan sistem pendidikan dokter spesialis
- Kebijakan RS: SOTK dan visi misi
- Kebijakan terkait dengan pendidikan klinik: TATIB (tmsk PP10, PP30)

# Hari 2

- Manajemen Pelayanan Medis & Keperawatan
- Sistem pelayanan di rawat jalan dan rawat inap
- Peran residen dalam rawat Darurat
- Pelayanan IBS dan anestesi, tur
- Pelayanan medis penunjang
- Penanganan Limbah rumah sakit

# 9 Modul

1. Klaster quality of clinical care
2. Klaster clinical support system
3. Klaster generic skills



# 1. Patient Safety and Clinical Governance

- Patient safety dan clinical governance
- Patient safety issues: Medication safety
- Patient safety issues: Infeksi Nosokomial
- Clinical risk management: siklus manajemen risiko
- Clinical practice guideline and clinical pathways
- Continuing professional development
- Implementasi program patient safety dan clinical governance di rumah sakit

Klaster 1



## 2. Clinical quality improvement

- Variasi proses dalam sistem mikro pelayanan klinis
- Indikator klinis dan monitoring mutu
- Clinical quality improvement
- Sistem manajemen mutu: akreditasi, ISO dan JCI
- Implementasi sistem manajemen mutu di rumah sakit Sardjito
- Regulasi praktek klinis

Klaster 1

# 3. Evidence-based medicine in clinical practice

- Prinsip dasar EBM
- Diagnostik
- Terapi
- *Harm* ;
- Journal search skill, library literacy

Klaster 1

# 4. Etiko medikolegal

- Pengertian dasar etika, disiplin, dan hukum; dan berbagai contoh masalahnya
- Prinsip-prinsip dasar etika kedokteran
- Prinsip-prinsip dasar kedisiplinan profesi dan karakter dokter profesional
- Prinsip dasar logika hukum dalam pelayanan kesehatan
- Hubungan dokter dengan manajemen RS:  
permasalahan Hirarki dalam pelayanan kesehatan di RS
- Etika klinik: Langkah-langkah pemecahan kasus
- Penjelasan program pendidikan karakter bagi residen

Klaster 1

# 5. Health Finance System and Health Insurance

- Peresepan, kebijakan asuransi
- Pelayanan JAMKESMAS dengan sistem INA CBG'
- Aplikasi INA CBG's di RS
- Mekanisme pembiayaan RS
- Pelaksanaan UU SJSN di RS
- Provider behavior and payment mechanism

Klaster 2

## 6. Hospital clinical information system

- Medical record (ICD 10, ICD 9-CM)
- Pengelolaan Rekam Medis di RSUP Dr. Sardjito
- Sebab kematian
- Aspek hukum rekam medis di RS
- Patient oriented information system
- Manajemen data klinis

Klaster 2

# 7. Leadership in clinical setting

- Inter-professional teamwork
- Komunikasi antar profesional
- Visi Clinical Leader
- Clinical Leader's role & behavior
- Clinical Leader & Safety Culture (contoh-contoh tools: SSCL, kaitan dengan Sistem manajemen mutu: keterlibatan dokter dalam SMM)

Klaster 2

# 8. General clinical skills

- Komunikasi Dokter Pasien (Anamnesis, terapi, manajemen pasien dan konseling, menyampaikan berita )
- Pemeriksaan Fisik Dasar (tanda-tanda Vital, Pemeriksaan Thoraks, Abdomen, Genitourinary, Musculoskeletal dll)
- Clinical reasoning
- Basic life support + Terapi cairan

Klaster 3

# 9. Learning skills and teaching

- Being residents: how to cope
- Being clinical instructors for students
- Prinsip Dasar Pembimbingan dalam Pendidikan Klinik
- Bedside Teaching
- Feedback dalam Pendidikan Klinik dan Konsep One Minute Preceptor

Klaster 3



- Post test
- Assignment dan uji performans



# Program Pembinaan Perilaku Profesional (ke depan)

- Tiap 3 bulan dilakukan booster
- Dalam bentuk mentoring
- Model: residen dikelompokkan berdasarkan kluster ilmu yg terdekat, max 10 org. Dipandu mentor. Setiap residen melakukan refleksi pengalaman klinis terkait profesionalisme.
- Bagian integral pendidikan
- Folder log refleksi selama pendidikan

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**Thank You !**