

Doctor Competencies in Supporting Medical Tourism in Bali

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Abstract: Bali's tourism potential continues to increase, creating new opportunities to support this industry. One of them is to develop Bali as a destination for medical tourism. In order to realize this, the competence of doctors who provide medical services to foreign patients also needs to be developed. In fact there are many doctors delivering medical services for foreign patients without any standards, lack of technology support and English proficiency. In response to this phenomenon, it is necessary to conduct research on the meta-competence of doctors in providing medical services to foreign patients in order to improve quality of medical services. This research is a qualitative descriptive study where collecting and checking the validity of data using triangulation of sources and techniques. The selection of informants by purposive sampling using primary data through interviews and observations and literature studies as well as documentation for secondary data. The conclusion of the study reveals the ability to speak foreign languages, especially English is the main competency that must be possessed by doctors in addition to medical skills. Other competencies that must be mastered are the ability to make e-medical records, using technology to support medical practice, knowledge of aviation medicine and international insurance.

Keywords: medical tourism, doctors, competency, meta-competence, foreign language

1. Introduction

As Bali's tourism potential continues to increase, opportunities will arise which will hopefully be able to support Bali's tourism industry. One way is to develop Bali as a destination for medical tourism. Medical tourism has been defined as "the practice of travelling to another country with the purpose of obtaining health care (elective surgery, dental treatment, reproductive treatment, organ transplantation, medical checkups, etc.)," [1]

People who do medical tourism are called medical tourists. There are several types of medical tourism and they are classified in several ways. One of the classifications is 1) Temporary visitors abroad are people who go for an examination or treatment; 2) Long-term residents, are people who move to other locations that are better for their health, such as Americans who move to the Caribbean; 3) Medical tourists, from two neighboring countries that share borders and have made an agreement to share in terms of health care and the fourth) Outsourced patients, are patients sent by their country abroad for treatment that is needed or not available specialist in their country. [2]

To be able to compete as a global medical tourism destination, India needs to make improvements in several things such as engineer an image revolution. What is meant here is the cooperation of government, health services, and the travel industry to change the public impression of people or medical tourism patients where India is a country that still uses medieval technology; it is not safe to travel in India, doctors are not trained, attitude is not friendly from local residents, poor hygiene, poor communication and so forth. [3]

What about Indonesia, especially Bali that wants to develop medical tourism? Have done good preparation of infrastructure and the development and improvement of the quality of its human resources. If we see from the side of its

human resources, especially its doctors, because Bali is a medical tourism destination, of course the ability of communicating health workers must also be good, especially in terms of language as well as being able to perform the latest medical procedures supported by the latest tools and technology as well. . English is currently an international language. Health service providers serving foreign patients and medical travel intermediaries recognize the relevance of language from an early stage. Therefore they offer websites in various languages even if there are then they will highlight their staff's abilities in English. [4]

Communication is a fundamental aspect of clinical practice between doctor and patient[5]. Communication between doctor and patient has been widely studied over the years with the main aim of improving the quality and effectiveness of medical treatment. [6]

2. Literature Review

2.1 Competence

Competence is a basic characteristic of a person that enables him to put out superior performance in his work. [7] Based on this description, competence implies a deep part of the personality and is attached to someone with behavior that can be predicted in various circumstances and work assignments. Prediction of who is performing well and not well can be measured by the criteria or standards used.

Competence is an underlying characteristic of a person related to the effectiveness of individual performance in his work as well as the basic characteristics of individuals who have a causal relationship or as a causation with criteria used as a reference, effective or excellent performance or superior at work or in certain situations [8]

2.2 Doctor Competence

Doctors continue to update their knowledge and skills by engaging in lifelong learning. This has long been recognized by doctors as an inseparable responsibility of medical professionalism that sustains the relationship between them and the community and helps to maintain public trust in him. Maintenance of professional competencies will be unique for each doctor. Professional competency schemes are designed to be flexible, so they can be adapted to individual practice.

Indonesian Doctors Competency Standards consist of 7 (seven) competency areas which are derived from the description of the duties, roles and functions of primary service doctors. Each area of competence is defined, called core competencies. Each competency area is broken down into a number of competency components, which are further broken down into expected abilities at the end of education [9]

Competence is built on a foundation consisting of noble professionalism, self-insight and self-development, and effective communication, and is supported by pillars in the form of information management, scientific foundation of medical science, clinical skills, and management of health problems.

2.3 Medical Tourism

Medical tourism / medical tourism is defined as a form of tourism in the form of international travel tourism to carry out and receive some form of medical care. [10] Treatment can cover a variety of medical services which are most common in the form of dental care, cosmetic surgery, elective surgery, and fertility treatments. There is no agreed definition of medical tourism; as a result the methods applied by the state differ substantially. Some countries count the visit of foreign patients to hospitals while others count the entry of each patient to the country. Other countries record nationality but not the patient's residence, which can be a problem when migrants return to their home countries for treatment.

The practice of medical tourism is not new, people have traveled abroad to seek treatment for centuries. There are several reasons why someone does this, some of them unable to buy health services in their home country, others are unable to wait for their national system to provide care, and some care is not available in their country. [11]

3. Methods of Research

In this study, researchers used a descriptive qualitative research method. As we know, qualitative research is a study aimed at understanding the phenomenon experienced by research subjects as a whole and in a descriptive manner as outlined in the form of describing words and language in a natural context by using various scientific methods [12]. And the approach used in this research is descriptive approach. Descriptive research is research that is used to "describe" a situation, subject, behaviour, or phenomenon. This qualitative research method is also used to answer

questions about who, what, when, where and how, which are related to a research question or problem. This type of research is conclusive, not exploration. Therefore, descriptive research does not try to answer "why" and is not used to find conclusions, make predictions or establish causal relationships. Informants were determined based on purposive sampling technique, where the number of informants was determined by the researcher based on the mastery of information and data that the researcher needs. Credibility test is conducted using triangulation technique, where data were obtained and synthesized from various sources, techniques and times. This method is used to increase the understanding of data and facts rather than seeking the truth.

4. Discussion of Results

Doctor competence in Indonesia is regulated in the Indonesian Doctors Competency Standards (SKDI) which is a minimum standard of graduate competence and is not a standard of authority for primary service doctors. This SKDI also serves as a reference in the development of national doctor competency tests. Noble professionalism, self-insight and self-development, and effective communication are the foundations of Indonesian physicians' competencies supported by pillars in the form of information management, scientific foundation of medical science, clinical skills, and management of health problems. Whereas when a doctor serves foreign patients and does not speak Indonesian, it is necessary to conduct an assessment of what competencies are needed other than those stipulated in the SKDI.

From in-depth interviews that have been conducted with six doctors who have more than 2 years of experience in serving foreign patients, it was found that there are several competencies that must be mastered and improved such as mastery of foreign languages especially English as an international language, ability in aviation medicine, application technology in supporting medical services, as well as knowledge about the world insurance system.

It is undeniable that English is an international language used by people from all over the world to communicate. The role of English in the medical world is very important. Language barriers in the medical world can be fatal because information is not well conveyed so that decision making by patients becomes inappropriate which ultimately causes various problems. Lack of foreign language skills, especially English will be a barrier to communication for foreign doctors and patients. [13] Why do doctors have to study English? Some advantages if doctors are able to speak English include being more sensitive to the latest treatment trends, opportunities to continue study abroad, and the ability to speak English doctors will provide opportunities for doctors to meet foreign patients. [14]

In the industrial era 4.0, the application of technology has been very important, including in supporting medical services performed by doctors who serve foreign patients. The technology in question is like a quick search for information using trusted applications such as emedicine, Medscape and others. Other things such as making medical documents in electronic form such as patient medical

records, prescriptions e, referral letters and others that provide significant benefits such as formally documented medical reports and faster earlier search for medical information (Heath et al, 2003). The use of applications such as Mims in the process of finding drug information that is fast and can be trusted is very helpful in medical services. Examples include patients from Australia who ran out of medication while on vacation in Bali while the doctor in charge lacked understanding of the intended drug. With the use of Australian Mims, doctors will quickly get accurate information so they can recommend the next step whether to replace the medicine with the same contents or ask patients to contact doctors in their countries to send their medicines to Bali.

Knowledge of aviation medicine is needed when a patient needs a fit to fly recommendation when returning to his country with a doctor's condition or still sick. For example, patients with severe flu with Eustachian tube disorders who will return to Japan by plane. The treating doctor must provide a recommendation whether the patient can go home by plane or not. If not allowed to fly now, then when is the best time, what should be done while waiting for the process of improving the patient's condition.

The doctor's knowledge in the patient insurance system also needs to be improved because many doctors do not really understand the various things needed in the insurance claim process. Wrong writing recommendations, diagnoses in medical reports or medical reports will affect whether the patient will be covered by insurance or not. But this can be reduced by having a team that helps the insurance claim process, especially for foreign patients.

The training process to prepare doctors to be ready to work to serve foreign patients is not carried out by all health institutions. Many of the doctors are placed in clinics, hospitals or house clinics without going through the proper training process. There is even a recruitment process that is only asked whether or not a doctor wants to work there. For freelance doctors who are on duty because they replace doctors who cannot take care of it

4. Conclusion

From the discussion above it can be concluded that in preparing Bali as a destination for medical tourism, besides developing international standard infrastructure it is also necessary to improve the competence of doctors, especially English language skills. Other competencies that need attention are the ability in aviation medicine, the application of technology in supporting medical services, as well as knowledge about the world insurance system.

A good recruitment process will be able to select doctors who are able to provide medical services to foreign patients. Training given by the workplace agency after the doctor is accepted will determine the quality and confidence of a doctor in providing medical services. The training provided varies depending on the hospital or clinic where the doctor works. From the introduction of work systems, information and management systems training, emergency training and including English language training.

Standardization of medical services also needs to be provided so that the services provided from one place to another are the same. Technology support such as the provision of applications by work institutions both paid and unpaid will make doctors able to provide treatment recommendations and procedures in accordance with evidence based medicine.

5. Future Scope

It is expected that the results obtained can be used by related agencies such as hospitals, clinics, educational institutions in the field of health, the Health Office and local governments to support the improvement of doctor competence in supporting the Bali program as a destination for medical tourism. This is expected to be able to improve the quality of health services provided for the achievement of the satisfaction of patients who are able to support the competition in Bali as an international tourist destination.

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