

Is Muhammadiyah's Teaching Hospital Ready to Face up Academic Health Center Era?

Yanita Dikaningrum*, Ekorini Listiowati*, Arlina Dewi*

*Master of Hospital Management , Universitas Muhammadiyah Yogyakarta

Abstract- The issue of health development in Indonesia is an important issue that exists in today's society. Therefore it needs innovation in medical education. The Academic Health Center conducts coordinated researches, services and health education consist of integrated preventive, promotive, curative and rehabilitative at all levels, from basic health education, professional education to community in a holistic health service system. This research uses qualitative method done by semi-structured interviews to the respondents of the research face-to-face. In addition, field observation with observation guidelines will be carried out. Data will be analyzed using coding. Through the observation, Muhammadiyah's Teaching Hospital that located in Sleman district is assessed 75% which means the hospital gets B on Accreditation status, and could be awarded Certificate of Accreditation of Teaching Hospital on condition that must be reassessed in 3 years later. The theme researcher got in this research is Muhammadiyah's Teaching Hospital is ready to become Main Teaching Hospital but still not obtain the legalization as Teaching Hospital. Muhammadiyah's hospital education network and 'Aisyiah's clinic are not yet ready to be educational networking hospital/ clinic. Pratama Clinic that established by Muhammadiyah University is ready to become an educational networking clinic but not yet have legality preparation. The Academic Health Center system can be implemented in Muhammadiyah if there is with good coordination. Based on the results of the research, Muhammadiyah's Teaching Hospital is not ready to become accredited Main Teaching Hospital with A accreditation, required improvement and cooperation of various parties involved.

Index Terms- Muhammadiyah, Academic Health Center, Teaching Hospital

I. INTRODUCTIONS

The issue of health development in Indonesia is an important issue that exists in today's society. Issues of which arise from human resources in this case is medical personnel. The number of health workers is quite a lot but the spread is not evenly distributed. Therefore, it is necessary that a policy and curriculum based on the outcome quality of the students will have implications on the achievement of physician equality in primary services and can achieve universal coverage

The Academic Health Center or AHC is a functional organization that combines the functions of education, research functions and the function of health services from various health institutions. Public hospitals used as educational vehicles are termed "Teaching Hospital" (RSP) which can be defined as a government or private hospital in cooperation with a government college or private college that interprets its Faculty of Medicine into cooperation.

Researchers are interested to conduct research on this hospital of education because to get good quality of health personnel required quality education as well. Quality education can be supported by adequate learning facilities and good integration between universities, medical faculties, and educational hospitals. Then now many hospitals that are used for medical education do not have a Decree of the Minister of Health as an Education Hospital.

II. METHODS

This research uses descriptive qualitative research design. In the design of this descriptive study by conducting semi-structured interviews on the subject of research in a face-to-face manner interpersonally.

Samples in this study include President Director, Medical Service Manager and Medical Supporter, Director of Al Islam Kemuhammadiyah SDI and Diklitbang and AIK and SDI Manager. Samples for hospitals and network clinics are the management of Muhammadiyah's hospital education network, Pratama Clinic that established by Muhammadiyah University and 'Aisyiah's clinic. In addition, also conducted a brief interview on SPV Diklit Doctor Profession.

Sampling in this research use purposive sampling technique. This is done by putting the subject is not based on strata, random or regional but based on the existence of a certain purpose. The researcher determines the sample with certain considerations. In this case the researchers took a sample based on the role of respondents to the achievement of Muhammadiyah's Teaching Hospital as an teaching hospital.

Interview guidelines are used to obtain data from respondents so that interviews can be structured and obtain the desired data by the researcher. In addition, field observation with observation guidance will also be conducted. The observation guidelines are prepared under the regulation of the health minister concerning the guidelines of the teaching hospital. Quantitative data were analyzed descriptively, while qualitative data were analyzed using coding

III. RESULTS

Table 1. Theme of Preparation of Muhammadiyah's Teaching Hospital became Teaching Hospital

Theme	
Preparation of Muhammadiyah's Teaching Hospital became Teaching Hospital	Muhammadiyah's Teaching Hospital is ready to become Main Teaching Hospital but still not fulfill for legalization as Education Hospital
Preparation for educational networking hospital and clinic	<ul style="list-style-type: none"> Muhammadiyah's hospital education network is not

- ready to be used as educational networking hospital
- ‘Aisyiah’s clinic is not yet ready to be an educational networking clinic
- ‘Aisyiah’s clinic can already be used for midwife education
- Pratama Clinic that established by Muhammadiyah University is ready to be used as an educational networking clini
- Pratama Clinic that established by Muhammadiyah University has not been legally prepared

Implementing a Qualified Clinical Education Program			
Amount	53	106	80
	75%		

Muhammadiyah’s Teaching Hospital through is assessed 75% which means the hospital gets B on Accreditation status, and could be awarded Certificate of Accreditation of Teaching Hospital on condition that must be reassessed in 3 years later. There is a difference between the results of the observation with the results of the interview because through interviews preparedness of Muhammadiyah’s Teaching Hospital can only be known superficially not as a whole. But overall the interviews have been many facilities and supporters who have prepared Muhammadiyah’s Teaching Hospital to become the Education Hospital

There are various reasons to support the achievement of this concept within Muhammadiyah but there needs to be an improvement among these elements. Reasons that support the implementation of this concept in Muhammadiyah, among others, Muhammadiyah has a concept of networking, clinics owned by Muhammadiyah also many. But it needs improvement in every aspect. There needs to be a cooperative relationship between parties that are mutually sustainable so as to form a chain that never breaks.

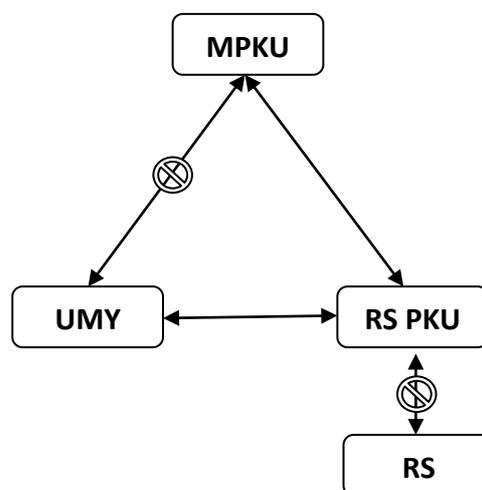
Implementation of Academic Health Center in Muhammadiyah With good coordination , concept of Academic Health Center can be Implemented in Muhammadiyah

Based on the results of the research Muhammadiyah’s Teaching Hospital is ready to become a Main Teaching hospital but the need for legalization in the form of Decree of Minister of Health. Muhammadiyah’s hospital education network is not ready yet still need to make various improvements. These improvements are mainly improvements in human resources. Aisyiah’s Primary Clinic also has various limitations to become an educational networking clinic. The Pratama Clinic established by Muhammadiyah’s University is one of the clinics in this study that is ready to be used to become an educational networking clinic in the AHC concept but there needs to be improvement in terms of legality.

Picture.1 Implementation of Academic Health Center in Muhammadiyah

Table 2. Recapitulation Result of Main Teaching Hospital Assessment of Muhammadiyah’s Teaching Hospital

STANDARD	PARAMETER	MAX VALUE	VALUE	PERCENT
Vision, Mission, Commitment and Requirements	6	12	8	67%
Management and Administration	21	42	31	74%
Human Resources For Clinical Education Program	7	14	8	57%
Educational Support	5	10	9	90%
Designing and	14	28	24	86%



IV. DISCUSSION

Based on the results of research that has been described in the previous chapter Muhammadiyah’s Teaching Hospital not ready

to become main teaching hospital accredited A, need improvement in some standards. In addition, hospitals and networks that are planned to become educational networks are also not ready as well and need improvement, especially improvements in terms of legality and policy.

Muhammadiyah's Teaching Hospital can be accredited B if assessed by the assessment of Teaching Hospital and entitled to Accreditation Certificate of teaching Hospital, but within a period of 3 (three) years must be done reappraisal. There is a difference between the results of observation premises interview results because through interviews preparedness Muhammadiyah's Teaching Hospital can only be known superficial just not as a whole. But overall the interview is already a lot of facilities and supporters who have been prepared Muhammadiyah's Teaching Hospital to become the Teaching Hospital.

An educational hospital sometimes leads to a bad perception in the eyes of the community because the public considers that the patient education hospital is used as a learning material. A study evaluating service in educational hospitals with non-educational hospitals especially in elderly educational hospitals offers better care. And the results of the study showed no difference in the quality of service¹

A clinic used for medical education must have qualities that must be met. In a journal a clinic applies various criteria to become a medical education clinic. A clinic must have a high-quality staff who is guided in accordance with the clinical culture and is always rewarded for its contribution. Professional health staff with strong work, ethic, special skills, and dedication are also one of the criteria. In this case a doctor is also required to be a leader in a clinic. The scientific research and education environment is crucial in building an educational clinic. Supporting facilities are also taken into account among them is about medical records. Medical record must be integrated. It also needs uniqueness in the clinic environment as an example of unique uniform, polite and unique layout.²

The management of the teaching hospital is very complex because management must be able to balance between service and education. An educational hospital is an attractive organization, one of the leading health care providers dedicated to improving quality of life and reducing morbidity. Educational hospitals have education, training for medical school graduates. They are a good center of research and a place to discover diseases, and a place to find new medical devices, techniques and latest medicines. Educational hospitals also employ many employees, so there will be a lot of money circulation in it. In addition there will be many customers or customers who will come to the hospital every day. In short, an educational hospital is also a business. Healthcare is one of the mature industries and organizations; to be successful they must have a difference for a competition.³

The Academic Health Center (AHC) is an integration of traditional medical faculties, hospitals, and other professional health education institutions. AHC is a complex organization that strives to provide superior, innovative services, education and research that are different from ordinary hospitals. So, AHC is not an ordinary hospital. AHC serves to:

Providing health services for health problems referred from primary care facilities and highly specialized medical services. Innovative health services to improve community health status is one of the goals of the Academic Health Center one of its programs based at the University of New Mexico School of Medicine, which changed the paradigm of thinking in accordance with the AHC mission of changing from traditional fee for service to service. The health of this networking program is called Extension for Community Healthcare Outcomes (ECHO), which enhances the cooperation of physicians, health service, health, and community education to provide health care protocols in rural areas. Through telemedicine and internet connections enables specialist doctors to communicate patients with complex diseases, using case-based knowledge. So that patients who are far away with health facilities that require specialist doctors can be served. All medical records can be recorded and accessed by a specialist.⁴

Provide medical services that are scarce and not provided in other health care facilities. In a journal looking for a link between integrated services at a university hospital or a health-related quality of life (HRQoL) education hospital it is concluded that integrated health care at a university hospital can significantly improve health quality or health- Related quality of life.⁵

Educate health professionals to meet current and future healthcare needs. Health care needs are obtained with a good quality of human resources as well. Institutions increasingly consider interprofessional education (IPE) as a means to improve health care and reduce medical errors in the United States. Effective implementation of IPE in health professional education requires a strategic institutional approach to ensure longevity and sustainability. In 2007, the University of Medicine of South Carolina (MUSC) established Creating Collaborative Care (C3), an IPE initiative that takes a multifaceted approach to weaving interprofessional collaborative experiences across the MUSC culture to prepare students to participate in interprofessional, collaborative health care and professional settings.⁶

Translational research for the development of science and technology that can improve the quality of human life. Research in medical education is highly contingent in translational research when the outcomes not only impact on educational settings, but also outcomes include better patient care and better outcomes.⁷

In the United States age and management of chronic diseases is one of the dominant health needs. It's important to handle that. Academic health centers have a positive and significant impact on health. Within a decade, many Academic Health Centers in the United States have created programs in their communities designed to influence health status there. Many of these programs are successful but some programs are limited in scope.^{8,9}

Many factors that inhibit programs from the Academic health center so that coverage is limited. These factors are among the academic schedules of different learners of different professions so that it can make it difficult for learners to gain the ability to organize and conduct interprofessional training well¹⁰. In addition, increased competition among educational institutions can affect the relationship between educational institutions¹¹.

Infrastructure between universities and hospitals that are fragmented education can inhibit harmony among these elements so as to impede collaboration between both¹². Regardless of the economic, cultural and historical differences of an international health community have much in common with working together they can achieve a common goal to improve health and wellbeing worldwide. There are three principles that can be done to achieve that goal is the alignment of teaching, research and service to the patient so that they can work synergistically with each other. The second is having to have a real commitment to a partnership. In addition there must also be collaboration with various parties¹³.

V. CONCLUSION

Based on the results of research Muhammadiyah's Teaching Hospital ready to become an main education hospital that accredited B, need improvement. In observation by document tracking and tracing facilities Muhammadiyah's Teaching Hospital hospital can be accredited B if judged by the votes entitled to a teaching hospital and teaching hospital accreditation certificate, but not later than 3 (three) years to do a reassessment

Muhammadiyah's hospital education network and 'Aisyiah's clinic clinic based on the results of this study not yet ready to become a hospital/ clinic education networks. While Pratama Clinic that established by MuhammadiyahUniversity in the implementation is ready to become an educational clinic but not all policies can be fulfilled.

The concept of Academic Health Center is very suitable to be applied in Muhammadiyah. But in its implementation the concept of AHC is still not applicable in Muhammadiyah because it is still less its socialization of this concept. Not many know about the concept of Academic Health Center. Through observation and interviews can be seen that there has been no good cooperation between elements. In addition it also requires cooperation and communication between parties.

REFERENCES

1. Ayanian, J. Z., & Weissman, J. S., Teaching Hospitals and Quality of Care: A Review of the Literature. *The Milbank Quarterly*, 569–593 (2002).
2. Mueller, P. S., Incorporating Professionalism into Medical Education: The Mayo Clinic Experience. *Keio J Med* **58** (3), 133–143 (2009).
3. James R. Langabeer III, John Napiewocki, Competitive Business Strategy for Teaching Hospitals **I** (2000).
4. Sanjeev Arora, C. M. A. G. K. D. D. P., Academic Health Center Management of Chronic Diseases through Knowledge Networks: Project ECHO. *Acad Med* **82** (2) (2007).
5. Jeffrey M. Greeson, S. R. S. C. H. I. S. C. M. T. K. a. G. C. B., Integrative Medicine Research at an Academic Medical Center: Patient Characteristics and Health-Related Quality-of-Life Outcomes. *The Journal of Alternative and Complementary Medicine* **14** (6), 763-767 (2008,).
6. Blue, A. V. P., Mitcham, M. P. O., Smith, T. P., Raymond, J. M. & Greenberg, R. M. P., Changing the Future of Health Professions: Embedding Interprofessional Education Within an Academic Health Center. *Academic Medicine* **85** (8), 1290-1295 (2010).
7. William C. Mc Gaghie, E. R. C. H. B., Translational Educational Research: A Necessity for Effective Health-care Improvement. *The American College of Chest Physicians* **142** (5), 1097-1103 (2012).
8. Maurana CA, Goldenberg K, A successful academic-community partnership to improve the public's health. *Acad Med* **71** (5), 425–431 (1996).
9. Hunt JB, B. C. J. L., Understanding the goals of service learning and community-based medical education: A systematic review. *Acad Med* **86** (2), 246–251 (2011).
10. Ho K, J.-S. S. B. F. F. B. H. P. H.-J. R., Making interprofessional education work: The strategic roles of the academy. *Acad Med* **83** (10), 934–940 (2008).
11. JHV, G., Interprofessional learning and higher education structural barriers. *J Interprof Care* **191**, 87–106. (2005).
12. Kirch DG, Grigsby RK, Zolko WW, Moskowitz J, Hefner DS, Souba WW, Carubia JM, Baron D., Reinventing the academic health center. *Acad Med* **80** (11), 980–989 (2005).
13. SA, W., *The compelling value proposition of academic health centers* (Association of Academic Health Centers, Washington, DC, 2010).

AUTHORS

First Author – Yanita Dikaningrum, yayanita.dika@gmail.com

Second Author – Ekorini Listiowati, ekorini_santoso@yahoo.com

Third Author – Arlina Dewi, dewikoen@yahoo.com