

PREFACE

Communication Skills and Cultural Competence:

The mainstay of the Family Doctors to contribute to increasing national health status, patient safety, and patient satisfaction

In clinical practice, a family doctor often gets challenging circumstances if he finds health problems and even rare clinical cases, i.e., congenital abnormalities. However, long clinical experiences and extensive knowledge will lead the Family Doctor to make the correct diagnosis. A strong medical team will make it easy to exchange experiences with colleagues using the available facilities and infrastructure. However, did the problem end there? Apparently, not. Delivering news about the issues and solutions that make sense to the patients and their families is not an easy task. The key is effective doctor-patient communication.

Complex cases encountered not only require academic competence and clinical skills to solve the problems. Lately, the complex cases are also true with more and more people with chronic illness, i.e., diabetes mellitus, also need 'logically sounds tips' to deal with it. Indeed, it is better to use the word "deal," not just to treat it because the Family Doctor should have been able to anticipate the emergence of "diabetic foot" problems before they occur. It is much cheaper and effective but challenging in clinical practice. It is necessary to have a continuous approach from an early age and be done individually. Education and counseling programs for patients with different educational, cultural, and occupational backgrounds require special

consideration. At this point, good doctor-patient communication is needed.

To understand individually and thoroughly the "clinical presentation" of each patient, it is also necessary to know the background of each patient in seeking medical help or in trying to solve the problem on their own. Not all patients fully believe in doctors, not a few who still combine medical efforts with magical ceremonies and so on. So the "Cultural Competence" is the key to gain "full trust" from patients.

In the near future, Family Doctors in Indonesia will be charged with the education of medical students and Family Medicine Primary Care residents. This responsibility comes with significant responsibility. Students and residents can experience "stress" due to the long specialistic educational program. Each student's socio-economic and cultural background requires individual consideration and must be understood in advance. Resident and patient involvement in describing and solving problems in learning and health care services are the keys for family doctor clinical educators in starting humanistic education and health services.

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