



ASIIN Seal

Accreditation Report

Bachelor's Degree Programme
Medicine

Professional Programme
Medical Doctor

Provided by
Universitas Muhammadiyah Makassar

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A About the Accreditation Process

Name of the degree programme (in original language)	(Official) English translation of the name	Labels applied for ¹	Previous accreditation (issuing agency, validity)	Involved Technical Committee s (TC) ²
Sarjana Kedokteran	Bachelor of Medicine	ASIIN	LAM-PTKes, 08-04.2022 - 07.04.2027	14
Program Studi Profesi Dokter	Profession of Medical Doctor	ASIIN	LAM-PTKes, 08-04.2022 - 07.04.2027	14
Date of the contract: 17.10.2022 Submission of the final version of the self-assessment report: 25.07.2023 Date of the onsite visit: 26.-27.09.2023 at: Universitas Muhammadiyah Makassar, Faculty of Medicine and Health Sciences Location: Makassar, Indonesia.				
Expert panel: Prof Dr Thomas Reinheckel, University of Freiburg Dr Gita Vita Soraya, Universitas Hasanuddin Ms Anika Biel, M.D., Medical Specialist for Urology Mr Muhammad Adam Tri Yoga, student at Universitas Sriwijaya				
Representative of the ASIIN headquarter: Christian Daniels				
Responsible decision-making committee: Accreditation Commission for Degree Programmes				
Criteria used:				

¹ ASIIN Seal for degree programmes

² TC: TC 14 - Medicine.

European Standards and Guidelines as of May 15, 2015	
ASIIN General Criteria, as of December 7, 2021	
WFME Global Standards for Quality Improvement: Basic Medical Education 2015	

B Characteristics of the Degree Programmes

a) Name	Final degree (original/English translation)	b) Areas of Specialization	c) Corresponding level of the EQF ³	d) Mode of Study	e) Double / Joint Degree	f) Duration	g) Credit points / unit	h) Intake rhythm & First time of offer
Medicine	Sarjana Kedokteran / Bachelor of Medicine	—	Level 6	Full-time	—	3½ years / 7 semesters	153 SKS equivalent to 202 ECTS.	Annually in August, first offered in 2008
Medical Doctor	Program Studi Profesi Dokter / Profession of Medical Doctor	—	Level 6	Full-time	—	2 years / 4 semesters	43 SKS equivalent to 65 ECTS.	Biannually in August and February, first offered in 2015

The **Universitas Muhammadiyah Makassar (UNISMUH)** is a private university located in Makassar, South Sulawesi, Indonesia. Founded in 1962, UNISMUH incorporates 8 faculties providing 49 study programmes. About 15.000 students are enrolled at UNISMUH as per the writing of this report. As per its vision statement, the University aims “to become a leading, trusted and Islamic university”.

UNISMUH is part of the Muhammadiyah organisation, an Islamic reformist movement founded in 1912, with about 170 higher education institutions across Indonesia. As a core tenet, all affiliated educational institutions aim to implement the “Al-Islam Kemuhammadiyahan (AIK)” philosophy, aiming to integrate Islamic ethics into learning.

As per the University’s current strategic plan 2020-2044, UNISMUH intends to establish its reputation on both a national as well as international level within the coming years, and to develop into a research- and edupreneurship-oriented university in the following.

The **Faculty of Medicine and Health Sciences (FMHS)**, in Bahasa Indonesia: *Fakultas Kedokteran Dan Ilmu Kesehatan, FKIK*) at UNISMUH was founded in 2008. As per its Faculty vision statement, the FMHS strives to become “a leading Faculty of Medicine and Health Sciences in 2025 that produces Islamic, trusted, and excellent graduates in the field of emergency”.

For the Bachelor’s degree programme in **Medicine** in combination with the professional **Medical Doctor** programme, the Universitas Muhammadiyah (UNISMUH) Makassar’s Faculty of Health has presented the following profile:

³ EQF = The European Qualifications Framework for lifelong learning

“Program Learning Outcome

The learning outcome program is adjusted to the competency standards of Indonesian doctors and Islamic values with strengthening in emergency

1. Ability to perform professional medical practices in accordance with religious beliefs, morality, ethics, sincerity, discipline, law, and social norms
2. Ability to sense own limitation when performing medical practices that lead to sincere willingness to refer patients to more competent doctors for the sake of patient safety and/or continuously perform self-development to enhance capacity
3. Ability to perform effective communication, both verbally and non-verbally, with patients of all ages and backgrounds, patients’ family, community, colleagues, and other health providers
4. Ability to utilize communication and information technology, as well as health and medical information in medical practices
5. Ability to overcome health problems based on basic and updated medical science for an optimum result
6. Ability to perform clinical procedures related with health problems while pertaining safety of the patient, others, and their own
7. Ability to manage individual, family, and community health in a comprehensive, holistic, and continuous way in the context of primary health care
8. Ability to practice medical science comprehensively in the field of tropical medicine
9. Ability to manage health and medical problems in case of, before, and after a disaster or in an emergency situation
10. Ability to construct knowledge based on individual experiences and interactions
11. Ability to perform community-based inter-professional collaboration.

(...)

The (...) graduate profiles of the Bachelor of Medicine-Medical Doctor Program are:

1. **Practitioner:** Doctors who can provide holistic and comprehensive health services based on the best evidence in a professional manner, accompanied by faith and devotion to God Almighty, with Islamic character (noble, ethical, virtuous, and upholding morality), as lifelong learners, socially responsible, nationalism, and committed to healthy people's lives and excels in science and management of emergency, trauma, and disaster cases;
2. **Educator:** Doctors who think critically, creatively, have literacy communication skills in science and technology, religious and socio-culture, in dealing with complex health problems and can compete in the global era, and can be involved in providing education.
3. **Researcher:** Doctors who can collaborate to identify health problems based on evidence-based medicine and conceptual and scientific criticality.
4. **Leader:** Doctors as managers and community movers who are based on medical ethics and Islamic values to create a complete health service based on individuals, families, communities, and society.”

C Analysis and Findings of Experts

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome
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Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The intended learning outcomes of the Bachelor of Medicine-Medical Doctor (BM-MD) programme under review are outlined in the Faculty's "Curriculum Book for the Medical Doctor Program" (see [Appendix](#)). Since the two programmes represent one continuous educational qualification, their intended learning outcomes and graduate profiles are formulated together.

As stated by the Faculty, the aim of the BM-MD programme is to produce "Doctors who can provide holistic and comprehensive health services based on the best evidence in a professional manner, accompanied by faith and devotion to God Almighty, with Islamic character (...), as lifelong learners, socially responsible, nationalism, and committed to healthy people's lives and [who] excel in science and management of emergency, trauma, and disaster cases". Furthermore, graduates are envisaged to adhere to the five doctoral profiles outlined by the WHO in its "five star" concept, i.e. to act as care providers, decision makers, managers, community leaders, as well as educators.

When the expert panel inquired about the practical implications of "integrating Islamic values" into the curriculum through the AIK, the programme coordinators clarify that the foundation of medical science is based on research and follows a secular paradigm; and that the incorporation of Islamic values is rather aimed at instilling attitudes, moral norms, and soft skills within the students. Emphatically, they confirm that there is no distinct "Islamic science" or "Islamic medicine". The integration is rather designed to ensure that medical students can adapt to societal realities and approach their patients in a culturally

and religiously sensitive manner. Furthermore, they highlight that a religious or spiritual attitude can be conducive to the healing process, fostering confidence and hope, particularly during the latter stages of a patient's life. In the course of their exchanges with students and alumni of the BM-MD programme during the audit, multiple of them expressed that the University's AIK philosophy had been a crucial factor in their decision to pursue their studies at UNISMUH.

When probed by the expert panel about the inclusion and emphasis on "emergency medicine" in the curriculum, the programme coordinators explained that Indonesia, due to its geographical and environmental positioning, can be described as a "supermarket of disasters", facing challenges both from the earth and the sea. In this context, the expert panel learns that the main focus of the "emergency medicine" education at UNISMUH is actually on disaster medicine. In addition, there's a significant prevalence of other medical emergencies in the region. For example, the highly frequent metabolic diseases causing emergencies like acute hyperthermia or diabetic coma.

When the expert panel asked industry representatives about what distinguishes UNISMUH medical graduates from those of other universities, multiple particularly praised the graduates' attitude and interpersonal skills. Another representative underscored the ability of UNISMUH graduates to employ a religious approach with their patients. This ensures that the students (and later on medical professionals) can connect more empathically with their patients, given that the local population is predominantly Muslim. Furthermore, representatives of the health sector confirmed that the programmes' focus on emergency medicine is highly valued, and – as also outlined in the following criterion – was indeed largely inspired through interaction between UNISMUH and the health sector in the first place.

In summary, the experts note that the intended learning outcomes of the BM-MD programme are well founded and reasonable. This being said, the experts found that the programmes' intended learning outcomes (as per the "Curriculum Book" and stated in the [appendix](#)) appear not to be published on the programme's website and hence not publicly accessible to all interested stakeholders.

Criterion 1.2 Participation in the formulation of mission and outcomes

Evidence:

- Self-Assessment Report
- Implementation letters on the implementation of the Vision, Mission, Goals ,and Objectives of the Faculty of Medicine and Health Sciences, UNISMUH, 2019

- Survey Result: Understanding The Vision, Mission, Goals, And Strategies of the Faculty of Medicine and Health Sciences, UNISMUH, 2021-2022
- Survey Result: Stakeholder Aspirations In The Bachelor Of Medicine Study Programme Curriculum of the Faculty of Medicine and Health Sciences, UNISMUH, 2021-2022
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

According to the self-assessment report (SAR) provided by the Faculty, the BM-MD programme's learning outcomes have been developed in accordance with the applicable governmental regulatory frameworks (i.e. the Indonesian Qualification Framework (IQF) and the Indonesian National Standard of Medical Education (NSME)) as well as further relevant standards such as those of the World Federation of Medical Education (WFME), the National Standards for Medical Professions (NSMP), the Indonesian Doctors Competency Standards (IDCS) and the Competency Standards of Muhammadiyah Doctors (CSMD).

Likewise, as was verified by the expert panel during the audit, the curriculum and learning outcomes of the BM-MD programme undergo annual verification through assessments involving a variety of internal (faculty leadership, lecturers, students) and external (e.g. alumni, hospitals, educational institutions, community health centres, professional associations) stakeholders to ensure alignment with both community and health sector needs. This is for instance achieved through regularly conducted student, graduate, and employer satisfaction surveys. When the expert panel asked industry representatives during the audit about their involvement in regular programme reviews, various confirmed their participation in related meetings with the Faculty.

During the audit, the programme coordinators moreover explained that the chosen focus on emergency medicine was largely a result of feedback provided by external stakeholders such as the Indonesian Doctors' Association (IDA) and teaching hospitals in the course of the recurring curriculum and vision/mission reviews.

In summary, the expert confirm that there is a well-established process for designing and validating the objectives and learning outcomes. All relevant stakeholders are involved in the process.

Criterion 1.3 Institutional autonomy and academic freedom
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Evidence:

- Self-Assessment Report
- Statutes of the Universitas Muhammadiyah Makassar (UNISMUH), 2021
- Manual System for Developing the Academic Atmosphere at Faculty of Medicine and Health Sciences, UNISMUH, 2019
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

UNISMUH, as a private university, is able to formulate and implement policies and degree programmes in its own right. Accordingly, it has laid down statutes that, amongst other, govern the University's vision, mission, the implementation of its educational programmes, philosophy and guiding principles, boards, and autonomy of educations. Moreover, the Faculty of Medicine and Health Sciences its own guiding academic and quality principles. In summary, academic freedom is assured.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 1:

The experts thank the Faculty of Medicine and Health Sciences for the provided statements concerning criterion 1.

Accessibility of programme learning outcomes (PLOs)

Upon consultation of the Faculty's additional statement and verification of the provided link, the experts confirm that the learning outcomes for the BM-MD programme under review have been made accessible on the Faculty's website, and that they correspond to the objectives presented to the assessors in the Faculty's self-assessment report ([here](#), menu: Profile → Graduate Profile).

In summary, the auditors see this criterion as fulfilled.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Module Descriptions
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The BM-MD programme is one continuous programme in two consecutive stages: The academic stage embodied by the Bachelor of Medicine, followed by the professional stage embodied through the professional Medical Doctor programme.

During the academic phase, the instructional techniques encompass group debates, problem-centred learning, task-oriented learning, laboratory exercises, clinical skill drills, project-oriented learning, engaging lectures, field studies, and community-engaged learning. In turn, teaching strategies in the professional stage focus on practical application, utilising pedagogical techniques such as bedside instruction, clinical tutorials, journal exploration, case analyses, and literature reviews. Through the above, the curriculum seeks to combine academic knowledge with clinical practice effectively.

Teaching and learning formats in the BM-MD programme include lectures, tutorials (PBL), practical medical skills, field activities, community service, and a final thesis project.

In response to the expert panel's inquiry about potential adjustments to the curricula in recent years, the programme coordinators highlight that, before the emphasis was placed on emergency medicine, the curriculum of the BM-MD programme did not encompass any course dedicated to it. Moreover, they explain that the curriculum of the – still relatively young – programme was gradually developed in order to expose students to clinical experience early in the course of their integrated community service.

Criterion 2.2 Scientific method
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Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar

- Module Descriptions
- Drafting Handbook and Implementation Of Student Final Assignment, Faculty of Medicine and Health Sciences, UNISMUH Makassar
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The curriculum integrates the imparting of scientific methods into the students in various ways. Students in the Bachelor of Medicine stage are required to attend two modules entitled Basic Research Methodology I and II in which students are familiarised with principles of scientific work such as critical analysis, problem-solving, and clinical reasoning. Students are required to formulate hypotheses and to conduct literature research. In their final semester, Bachelor of Medicine students moreover need to furnish a scientific final thesis, which is elaborated on further under [criterion 3.1](#).

During the Medical Doctor professional stage, students interact with scientific approaches through literature reviews, case studies, and reading assignments of academic journals.

All in all, the experts confirm that all medical students learn the principles of scientific methods, are able to carry out medical research activities, and are familiar with evidence-based medicine.

Criterion 2.3 Basic Biomedical Sciences
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Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Module Descriptions
- Examples of Practicum Manuals
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

In their initial year, students receive instruction in fundamental biomedical sciences through courses such as *Biomedical I-III*, *Basic Mechanisms of Disease*, and *Immunology*. The consolidation of biomedical knowledge during the 1st and 2nd semesters is facilitated using in-person teaching and practical sessions to ensure the students' grasp of human

anatomy, physiology, histology, and biochemistry. Assignments given for these subjects typically consist of worksheets and laboratory reports assessed by teaching staff based on an assessment rubric.

In sum, the experts confirm that the students acquire the necessary knowledge in basic biomedical sciences and are familiar with fundamental biomedical concepts and methods.

Criterion 2.4 Behavioural and social sciences and medical ethics

Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, Faculty of Medicine and Health Sciences, UNISMUH Makassar
- Module Descriptions
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Behavioural and social sciences in the BM-MD programme are, on the one hand, represented through nation-wide required foundational subjects such as Bahasa Indonesia, Civics, English, Arabic, as well as through University requirements such as Medical Education, Islamic Management, Islamic Medicine, Public Health, and Community Medicine courses. Medical ethics, on the other hand, are covered within the Bioethics, Human Rights and Humanities, Forensic Medicine, and Medicolegal courses.

Criterion 2.5 Clinical sciences and skills

Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Examples Of Clinical Skill Manual (Health Education And Counseling, Adult Anamnesis Technique), FMHS, UNISMUH, 2022
- Module Descriptions
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

As described in the Faculty's self-assessment report and verified by the expert panel during the audit, Clinical Skill Lab (CSL) courses are conducted in the Bachelor of Medicine programme towards the end of each semester, in which students demonstrate their clinical proficiencies. The five courses CSL I to V encompass both basic and applied medical skills, and run parallel to the corresponding organ system courses. The CSL sessions are held in small groups and are supervised by an instructor. Assessment of students' clinical abilities in the CSLs utilise Objective Structured Clinical Examinations (OSCEs), employing standardised patients and mannequins.

Through public health and community medicine courses, students are furthermore fostered to obtain community counselling skills, so to be able to pursue preventive medicine promotion and to conduct health problem analyses within families and communities. This was also confirmed by students during the audit, who described their exposure to families affected by tuberculosis as part of their integrated community service.

Moreover, students participate in early clinical exposure (ECE) activities, permitting them to observe patients in various hospitals and public health centres. As discerned by the experts during their exchanges with the programme coordinators, however, students do not directly interact with patients at this stage, as regulations generally prohibit medical students at the Bachelor's level from doing so. This being said, students may be permitted to measure basic vital signs or biomarkers when under proper supervision.

Concerning pathology, the programme coordinators explained that pathology is integrated into the final semester of the Bachelor's degree. In this segment, students learn the procedures for conducting autopsies, the methods for capturing appropriate images, and other relevant skills. However, similar to clinical exposure, students do not engage with actual human bodies at this stage, as direct interaction with patient tissue specimens is part of the subsequent professional phase.

In response to the expert panel's inquiry about potential improvements to the programme, some of the health industry representatives spoken to recommended that students should be familiarised more closely with the usage of ultrasound and electro-cardiograms (ECG), and that the topic of rehabilitation (specifically rehabilitation following disasters) should be strengthened within the curriculum.

In summary, based on the provided documentation and the insights gained during the audit, the experts come to the conclusion that students of the BM-MD programme overall obtain adequate clinical skills in the course of their studies. Yet, the programme should be further developed to expand clinical exposure activities to such that graduates are confident in routine "hands on" clinical activities, such as physical examinations and

measuring routine parameters (such as blood pressure, pulse), as well as usage of ultrasound and electro-cardiograms (ECG).

Criterion 2.6 Curriculum structure composition and duration
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Evidence:

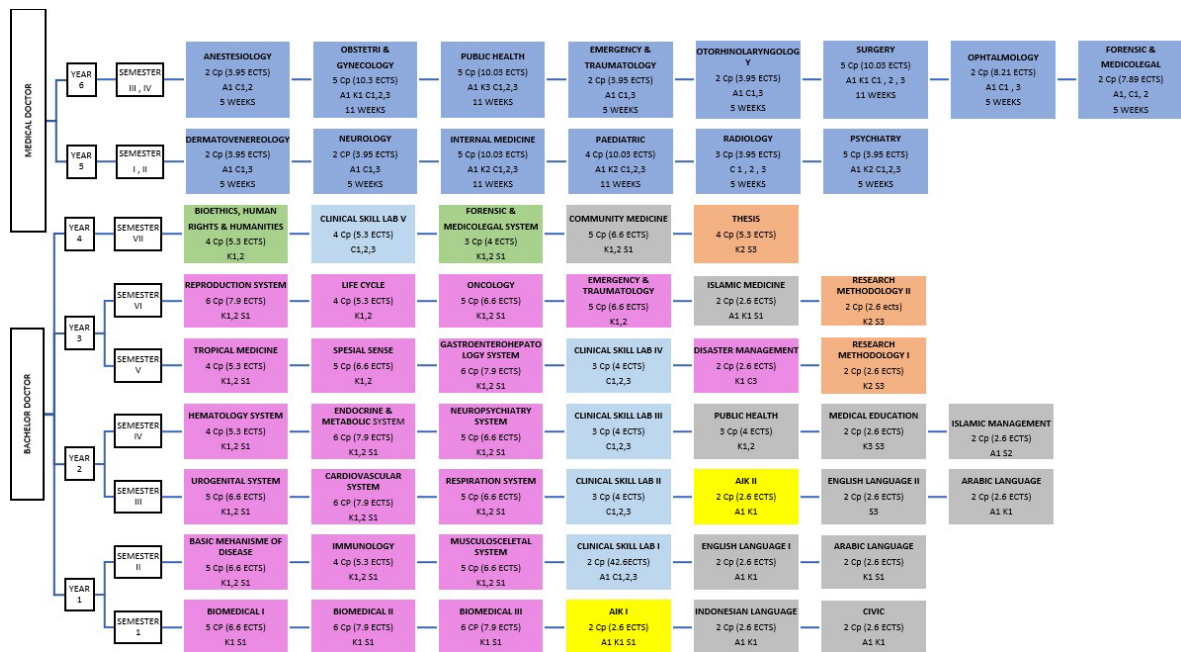
- Self-Assessment Report
- Academic Guidebook, UNISMUH Makassar, 2021/2022
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Examples Of Clinical Skill Manual (Health Education And Counseling, Adult Anamnesis Technique), FMHS, UNISMUH, 2022
- Module Descriptions
- Survey of Study Load (workload) for Odd Semester Students for Academic Year 2022/2023, FMHS, UNISMUH
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

As indicated under criterion 2.1 already, the BM-MD programme is planned as one continuous programme in two consecutive stages: The academic stage embodied by the Bachelor of Medicine, followed by the professional stage embodied through the professional Medical Doctor programme. The academic phase incorporates 42 modules, accounts for 153 Indonesian credits (*satuan kredit semester*, SKS), and spans over 7 semesters (3 ½ years). The professional phase comprises 14 modules, accounting for 43 CPs, spread across 4 semesters (2 years).

In the first year of the Bachelor of Medicine, students immerse themselves in basic biomedical science and in understanding disease mechanisms, acquiring the foundational competence required for comprehending basic biomedical science concepts. Courses offered include Biomedical I, II, III, Basic Mechanism of Disease, Immunology, and foundational medical skills via CSL I.

The second-year serves to deepen the student's grasp of the pathomechanisms related to organ system diseases. This learning spans the 3rd and 4th semesters. Consequently, students grasp disease concepts arising from genetic disorders, infections, traumas, neoplasms, and degenerative diseases. This phase incorporates organ system courses such as Respiration, Neuropsychiatry, Cardiovascular, and clinical skills labs.



Curriculum Overview, Source: UNISMUH

The third year continues the exploration into pathomechanisms associated with organ systems, spanning the 5th and 6th semesters. Courses in this phase include Tropical Medicine, Sensory Organs medicine, and clinical skills labs.

In their 7th semester, students shift focus towards research methodologies. This phase equips them with the ability to understand research, compile proposals, and critically analyse academic papers to underpin evidence-based medicine practice. Additionally, students can engage in lecturer-led research and community service.

With the completion of their 7th semester and thus the Bachelor's phase, graduates obtain a Bachelor of Medicine (*Sarjana Kedokteran, S.Ked*) degree.

With their fifth year of studies, students enter into the clinical phase, focussing on real-life patient observations and practices at teaching hospitals. Six course modules await completion, with internal medicine, neurology, and dermatology in the first semester and paediatrics, radiology, and psychiatry in the second.

The sixth and final year is a continuation of the previous year, requiring students to finish eight course modules across a spectrum of medical fields. The first semester encompasses surgery and forensic courses, among others. The second semester includes public health and emergency medicine. Leading up to the culmination of their studies, students undergo an assessment before facing the UKMPPD (*Uji Kompetensi Mahasiswa Program Profesi Dokter, UKMPPD*) exam, the national Indonesian competency assessment for medical students to become practising medical doctors.

For the Bachelor of Medicine programme, the maximum study duration is twice the standard full-time duration, i.e. 14 semesters. Each semester concludes with a final examination, and there are remedial classes for students needing additional support in Biomedical courses. For the Medical Doctor stage, the cap is nine semesters.

As per the University's self-assessment report and outlined above, the BM-MD programme seeks to distinguish itself from other local and regional study programmes in the field of Medicine through its focus on emergency medicine and UNISMUH's "Al-Islam Kemuhammadiyah (AIK)" philosophy.

By the 2nd semester, students start their immersion into emergency training during the Immunology and Musculoskeletal courses. Moreover, emergency themes are covered extensively in the Emergency and Traumatology course during the Bachelor students' 6th semester, which instructs students on ailments and situations necessitating immediate interventions to save lives and avert disabilities. Complementing this is the Disaster Management course, familiarising students with disaster scenarios and subsequent response measures. Within the CSL V course, also, students are equipped with clinical skills to handle emergencies such as cardiopulmonary resuscitation, airway management, and fluid resuscitation. As illustrated by the programme coordinators during the audit, the aspect of emergency medicine is furthermore pursued during the students' rotations in the Medical Doctor stage of the programme.

Asked by the experts about the availability of electives for the emergency medicine topic, the programme coordinators clarify that the aspect of emergency medicine is not implemented through electives, but integrated on a broad basis across courses within the curriculum.

With regard to implementing "Al-Islam Kemuhammadiyah (AIK)" studies, students attend corresponding modules (AIK I-II) in their 1st and 3rd semester. Within these courses, students familiarise themselves with Islamic perspectives on matters such as illness and death, as well as their implications for working as a medical practitioner. Aside these dedicated courses, however, nearly all modules across the BM-MD curriculum integrate reflections on the respective subject matter from an Islamic angle.

Criterion 2.7 Programme management

Evidence:

- Self-Assessment Report
- Academic Evaluation Report; Even Semester of 2021/2022, FMHS, UNISMUH

- Decree Number: 502/Year 1442 H/2021 M, Dean of the Faculty Of Medicine And Health Sciences, regarding Determination Of Person In Charge In The Medical Education Unit, UNISMUH
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

A curriculum committee continuously monitors the delivery and quality of the programme through regular reviews of the curriculum and the attainment of its intended learning objectives. The Curriculum Committee consists of

- the programme management;
- the Medical Education Unit (MEU), employing Master of Medical Education specialists in curriculum development and assessment; as well as
- a Monitoring and Evaluation Team, consisting of lecturers qualified as internal quality auditors and medical education experts.

The Curriculum Committee convenes at the onset of every term to coordinate the delivery of the curriculum and conduct its evaluation at the end of the term using surveys. The insights drawn from these evaluations are shared with all relevant Faculty staff during a semester evaluation meeting.

When questioned about the high failure rate among students in specific courses, the programme coordinators illustrated that students in the earlier semesters often face challenges in transitioning from the “high school learning style” to that required for their studies. In this context, the coordinators moreover explained that the quality and clarity of exam questions is regularly reviewed, and that there is an annual student-faculty dialogue where students can raise current topics of concern regarding their studies. In addition, students are able to turn to their assigned academic advisor (see also [criterion 4.3](#)).

Criterion 2.8 Linkage with medical practise and the health sector
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Evidence:

- Self-Assessment Report
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

To facilitate linkage to medical practise and the health sector, focus group discussions are organised by the Faculty, which include graduates, the Indonesian Doctors Association (IDA

i.e. *Ikatan Dokter Indonesia*, IDI), educational institutions, and hospital directors. Topics of discussion encompass the quality of graduates and possible future curriculum improvements based on anticipated challenges within the medical field. Likewise, feedback from societal and community representatives is taken into consideration.

When asked by the expert panel about potential enhancements to the programme, health industry representatives spoken to during the audit suggested a closer collaboration between the medical graduates and provincial crisis centres would be desirable, and that the programme should consider placing students in regional disaster offices as part of their integrated community service. The expert panel supports these suggestions.

In summary, based on the provided documentation as well as the discussions and visitations of the experts during the on-site visit, the auditors gain the overall impression that there is a robust and well-established network of collaborations between the Faculty and hospitals, public health centres, and the regional health offices, from which the BM-MD students benefit at both stages of their studies. Further aspects in this regard will be discussed under [criterion 8.5](#).

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 2:

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

3. Assessment of Students

Criterion 3.1 Assessment methods

Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Curriculum Documents, Bachelor Of Medicine, FMHS, UNISMUH, 2021
- Explanation on Learning Assessments regarding grading by type of course
- Example: Scoring Rubric for Undergraduate Thesis
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Academic assessment in the BM-MD programme encompasses both formative and summative methods. Formative assessments monitor and enhance the learning process. Results from these assessments contribute to the final scores as process values. Summative assessments, on the other hand, evaluate the achievement of learning objectives and determine the passing of the course.

As per the in the Faculties SAR, the various assessment forms include:

1. Multiple Choice Questions (MCQ) – Knowledge assessment using single correct answers and deceptive options.
2. Feedback tutorial – Evaluating students' collaborative skills, information selection, critical thinking, and analytical abilities.
3. Short Answer Question – Used in practical laboratory tests, requiring concise answers from students.
4. Objective Structured Clinical Examination (OSCE) – A rotational method involving multiple skill stations evaluating components such as communication, physical examinations, and medical procedures, using mannequins or simulated patients.
5. Mini clinical examination (mini-CEX) – Used to measure students' anamnesis and physical examination performance, with students receiving feedback afterwards.
6. Case reports – Oral presentations detailing cases encountered during clinic stations, outlining results from anamnesis, physical examinations, and patient management.
7. Journal Reading – An activity where students present findings from recent journal publications.
8. Literature review – Students select a case theme, gather information from various sources, and compile it into a structured report.
9. Long case – A form of assessment where students are given one case to be solved starting from anamnesis, physical examination, therapy management, supporting examinations, and management as well as education to promote health.
10. SOOCA (Structured Objective Oral Clinical Assessment) – Used to evaluate students' medical knowledge in their 2nd and 3rd year.

In **Bachelor of Medicine programme**, final course examinations usually consist of computer-based multiple choice question (MCQ-CBT) formats, taking place in the last week of the semester. Tests usually comprise 120 questions, with an allocation of 120 minutes for completion. Should students fail to achieve a passing score, a remedial test is scheduled. The final results are announced within two weeks after the exam via the Academic Management Information System (SIMAK).

When asked about the transparency of the assessment criteria for examinations by the expert panel during the audit, the teaching staff explained that course coordinators provide a so-called learning contract to the students at the beginning of the course. The contract details the composition of the final mark, assessment methods, and an accompanying module description to ensure that students are informed about how they will be assessed. Students confirmed this procedure to the expert panel during the audit.

The failing grade for academic programmes at the Faculty for Medicine and Health Sciences is 60 out of 100. It is thus higher than the UNIMUH standard, where the usual passing grade is 50 out of 100 as per the University's academic guidebook. The grading table for the Bachelor of Medicine is depicted below:

No	Grade	Grade points	Grade Scores	Definition
1	A	4,00	89 - 100	Pass
2	B	3,00	75 - 88	Pass
3	C	2,00	60 - 74	Pass
5	E	0,00	< 60	Fail

Grading table at undergraduate stage, Source: UNISMUH

The Bachelor of Medicine concludes with a thesis project in the students' last two semesters. For this, students engage in idea development, research proposal drafting, and supervisor discussions in their 6th semester during a further research methodology course. Within their 7th semester, then, they attend a proposal seminar culminating in a written thesis. Following the thesis submission, students are moreover required to defend their work by oral presentation before a panel of examiners. The thesis is assessed based on various criteria, including conceptual clarity, the literature review conducted, research methodology, presentation, and the ability to respond to thesis-related queries during the thesis defence.

Asked by the auditors how thesis topics are allocated to the students, the programme coordinators explained that students are responsible for proposing their chosen subject for their Bachelor's thesis to their academic advisor. Following this, the academic supervisor refers them to a staff member with the relevant expertise as their thesis supervisor. Each thesis ("skripsi") supervisor handles no more than four students at the same time.

In the course of their perusal of exams and theses during the audit, the experts are satisfied with the quality of the provided samples, and deem them appropriate for the intended learning outcomes and level of qualification. In connection to this, however, they also

noted that most of the theses perused appeared to be of a retrospective nature. In view of this and remarks made by students under critterion 6.4, as well as in view of the University's ambition to become a research university by 2023, the experts suggest that the Faculty should encourage more **prospective** (e.g. experimental, clinical) **theses** amongst its students.

In the **Medical Doctor programme**, assessments focus predominantly on clinically-based evaluations such as Objective Structured Clinical Examinations (OSCEs) as well as mini clinical examination (mini-CEXs). Assessment comprises both formative and summative assessments. Formative assessments account for 60% of the final mark and include bedside teaching (BST), clinical tutorials, journal readings, case reports, and literature review exercises. In turn, the final summative assessments account for 40% of the final mark, and mostly incorporate MCQ and OSCE examinations.

Apart from their course examinations, students undertake comprehensive exams at the end of their 1st and 2nd years. The first year's exam is a prerequisite for progressing to the second level, whereas the second year's exam is essential for moving to the National Competency Exam's (UKMPPD) preparation stage. Should a student not pass one of the first-year courses in the MD programme, they have the opportunity to attend a re-sit examination at the end of the year before undertaking the first comprehensive examination. In order to be eligible for a resit, student must either have failed the course, have attended less than 70% of the course, or have displayed poor attitude during the course. Students with marks below B can enhance their final grades via remedial exams.

The grading scheme of the MD programme is as follows:

Letter Grade	Value	Value Range	Value Benchmark Description
A	4,00	≥ 80	Has a level of mastery ≥ 75%
B	3,00	66 – 79	Has a level of mastery 70 – 74%
C	2,00	56 – 65	Has a level of mastery 65 – 69%
D	1,00	45 – 55	Has a level of mastery 60 – 64%
E	0.00	≤ 45	Has a level of mastery 55 – 59%

Grading table at Medical Doctor stage, Source: UNISMUH

In the course of their assessments, the expert panel inquired about the presence of an appeal system against individual assessment results. In response, the programme coordinators explained that a structured appeal process exists. This was independently

confirmed by students spoken to by the panel during the audit. Students can file an appeal at the respective Department if they feel their assessment has been unfair.

Prior to taking the national Indonesian competency examination for medical students (UKMPPD), students receive intensive mentoring and participate in several trial exams, coordinated by the Faculty's UKMPPD Division and the Indonesian Medical Education Association (AIPKI). Moreover, as highlighted by the Faculty staff during the audit, alumni play an instrumental role in preparing current students for their national examination.

All in all, based on the provided documentation and their discussions during the audit, the experts find that examinations are defined for every module in a transparent manner, that the employed examination types are sensible to impart the intended learning objectives at both stages of the programme, and that a mechanism for resit exams exists. Furthermore, they confirm that the Bachelor's programme includes a final project at an adequate level.

Criterion 3.2 Relation between assessment and learning

Evidence:

- Self-Assessment Report
- Assessment blueprint detailing relation of modules, ILOs, and their weighting
- Example: Personal Attitude and Conduct Assessment
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Student assessments in BM-MD programme are headed by the Student Assessment Unit (SAU) of the FHMS, which is tasked with all processes related to student evaluation. The SAU assists the Faculty's study programmes (particularly working together with block coordinators/secretaries) in their planning, implementation, and evaluation of assessment tools. In coordination with the Medical Education Unit (MEU, see [criterion 2.7](#)), the SAU moreover conducts regular reviews and analyses of question items used in the MCQ examinations in order to ensure their alignment with the intended course learning outcomes (CLOs) and to uphold examination standards.

As part of their self-report, the Faculty provided a detailed "blueprint" overview outlining all modules across the Bachelor of Medicine programme, their intended relation to the overall intended learning outcomes (ILOs); as well as the form, weighting, and allocation of assessments in relation to the ILOs.

In response to the expert panel's query about how the programme ensures students are granted adequate time for both exam preparation and the exams themselves, the programme coordinators elaborate on multiple aspects during the audit. Firstly, they mention that they plan exam timetables attentively and share them with students early in the semester, thus allowing them to structure their exam preparation accordingly. Moreover, they highlight that the programme actively solicits feedback on the exam conduct as part of the regular course evaluation surveys. During their discussion with the expert panel during the audit, the students did not report any major issues the expert teams during the audit concerning the course assessments, their scheduling, or amount.

In summary, the experts confirm that the forms of examination used are suitable for verifying to what degree the students reached the intended educational outcomes. Furthermore, exams and exam schedules are reviewed regularly.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 3:

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

4. Students

Criterion 4.1 Admission policy and selection

Evidence:

- Self-Assessment Report
- Academic Guidebook, UNISMUH Makassar, 2021/2022
- Statutes of the Universitas Muhammadiyah Makassar (UNISMUH), 2021
- Decree Number: 258/Year 1442 H/2021 M, Dean of the Faculty Of Medicine And Health Sciences, regarding New Student Admission System Academic Year 2021/2022, UNISMUH
- Institutional Feedback Results Of UKMPPD Year 2022, Universitas Muhammadiyah Makassar, National Competence Test Committee, Medical Doctor Study Program
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

As per the provided self-assessment report, student recruitment at UNISMUH is based on the relevant government policy of the Ministry of Higher Education No. 48/2022 and Rector's decrees published annually through the University's website.

For the **Bachelor of Medicine programme**, applications are possible either through the University or the Unified Admission for Muhammadiyah Universities (SBMPTMuh) portal. Applicants need to have graduated from high school with a science major within the past three years. As part of the application process, applicants are moreover required to undergo an IQ as well as an academic proficiency test.

Admission to the **Medical Doctor programme** is open to both graduates of the Faculty's own Bachelor's programme, as well as to candidates from other medical faculties. Students from external tertiary institutions however require approval by both the Dean of the Faculty of Medicine and subsequently the Rector of the Universitas Muhammadiyah Makassar. In general, applicants need to provide a Bachelor of Medicine certificate with a GPA of at least 2.75 out of 4. Notably, there is no examination component to this application process. During the audit, also, the coordinators clarify that the programme is equally open to non-Indonesian and non-Muslim students.

In response to the experts' inquiry during the audit about specific application policies for students with disabilities and the Faculty's stance on colour blindness, the coordinators state that students with colour blindness and irreversible impediments such as paralyses, deafness or blindness cannot be admitted into the programme for safety reasons. This is determined during the students' enrolment process, where applicants are also required to undergo medical evaluations conducted by a team of medical professionals. Any detected issues are communicated to the University, which then makes an informed decision. Concerning colour blindness, the assessors find the outlined restriction as highly problematic, remarking that this neither is an international standard nor sufficiently supported from lived experience or from a scientific angle. The auditors hence ask the Faculty to look into ways of supporting students with colour blindness better, so as not to exclude them from studying their subjects of interest based on this condition. In general, the experts emphasise that universities should be inclusive environments that do not exclude academically suitable individuals for reasons of disability.

Aside the above, the panel experts inquired during the audit about the influence of the recommendation from the Muhammadiyah regional leader on the admission score. In response, the programme coordinators clarified that such a recommendation can be beneficial for students from remote, rural regions; or in situations where an applicant's admission score is on par with another candidate. However, they equally stressed that the

ultimate decision rests with the Faculty, and that such a recommendation will not secure admission for underperforming students.

All in all and apart from the abovementioned concerns, the auditors find the terms of admission to be binding and transparent. They confirm that the admission requirements support the students in achieving the intended learning outcomes.

Criterion 4.2 Student intake

Evidence:

- Self-Assessment Report
- New Student Admission Manual Academic Year 2021/2022, Bachelor Medicine-Medical Doctor, FMHS, UNISMUH
- LAM-PTKes Accreditation Certificate, Bachelor of Medicine, 2022
- LAM-PTKes Accreditation Certificate, Medical Doctor, 2022
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Student admissions adhere to the relevant regulations of the Minister of Research, Technology, and Higher Education Number concerning national quotas and the selection procedure for new student admissions.

As per the University's information, the allocated admission capacities are co-determined by the accreditation status of study programmes. While in 2017, the Bachelor of Medicine programme – having secured a B accreditation from the Indonesia Accreditation Agency For Higher Education in Health (LAM-PTKES) – was required to accept 150 students, the programme has been required to accept 250 new students each year from 2022 onward, after having obtained an A grade accreditation from LAM-PTKES. This upgrade to A level has led to a strong increase in applications and admissions as can be discerned from the following table provided in the SAR:

Year	Quota	Number of Regular Student Candidates		Number of new students		
		Applicants	Accepted	Regular students	Transfer students	Foreign students
2017/2018	150	815	119	115	0	0
2018/2019	150	953	96	92	0	0
2019/2020	150	859	135	133	0	0
2020/2021	150	445	126	124	0	0
2021/2022	150	726	185	154	0	0

2022/2023	250	1008	272	272	0	0
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Applicant and enrolment numbers, 2017/2018 - 2022/2023, Source: UNISMUH

In terms of regional distribution, approximately two-thirds of all new Bachelor's students accepted for the academic year of 2022/2023 originated from the South Sulawesi region – of which Makassar is the regional capital –, while approximately one-third of the new students came from outside.

Criterion 4.3 Student counselling and support

Evidence:

- Self-Assessment Report
- Academic Advisor's Guide, Year 2022, UNISMUH
- Survey Result: Student Satisfaction with Guidance and Counseling Services, FMHS, UNISMUH
- Standard Operational Procedure: Academic Advisor, FMHS, UNISMUH, 2023
- Faculty Website ([here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

To ensure individual guidance and support during the **Bachelor of Medicine** stage, every student at the Faculty of Medicine and Health Sciences is allocated an academic advisor.

Each academic advisor is a member of the academic staff and acts as a go-to person for advice on academic matters as well as personal matters to the students assigned to them. Centrally, academic advisers are tasked with providing feedback to their assigned students regarding their performance during the study period, receive educational direction, and explore solutions to their academic challenges. When asked by the expert panel concerning further details in this regard, the coordinators elaborated that each academic advisor is responsible for overseeing 10-12 students.

As per the Faculty self-assessment report, a review of all students with a grade point average (GPA) beneath 2.5 is conducted at the end of each academic year. Students who fall into this category receive additional intensive coaching from their academic advisors. Students in the **Medical Doctor programme** are provided academic counselling directly through the head of secretary of the programme.

In addition to academic advisors, a Counselling Unit (managed by qualified psychiatrist and psychologists) stands ready to guide students on acclimatising to their studies,

interpersonal challenges, and other counselling needs. Students can directly engage with this unit by scheduling an appointment during its operational hours. However, the Counselling Unit refers students in severe crises and thus in need of long-term counselling to the University hospital's services.

Criterion 4.4 Student representation

Evidence:

- Self-Assessment Report
- Organizational Purpose Outline, General Patterns of Development of Organizations and Student Institutions, Ethics and Advocacy Honor Council (DKEA), UNISMUH
- Statutes of the Universitas Muhammadiyah Makassar (UNISMUH), 2021
- Student Organizations Outline, UNISMUH, 2019
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

As laid down in the University's statutes, student representation is organised in so-called student executive boards on both the university and the faculty level.

On the faculty level, the Student Executive Board is a student-led organisation that facilitates activities for medical student and collaborates with the FMHS' Management Team on curriculum matters and other student-related issues. They contribute by offering feedback on the learning process, teaching methods, and suggesting improvements to learning facilities.

Students at the medical school have the opportunity to collaborate with peers both locally and internationally. Such collaborations allow students to expand their knowledge, develop skills, and participate in global forums. Within the SEB, there are several specific student organisations aiming to boost students' abilities at FMHS. These include the Asian Medical Students Association (AMSA), Medical Emergency Team (MET), Medical Ar-Razi Research Community (MARC), Medical Art Club (MAC), Medical Sport Unismuh (MSU), and Muhammadiyah Student Association (MSA).

From the provided documentation and based on their discussions during the audit, the experts all in all gain the impression that there is an institutionalised student representation at the FHMS, and that various non-academic activities are offered that cater to students' interests and talents.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 4:

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Evidence:

- Self-Assessment Report
- Staff Handbook
- Strategic Plan 2021-2025, UNISMUH, 2021
- Employment Regulation, Number 060 OF 1442 H/2021 M, UNISMUH, 2021
- Faculty Website ([here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The University has established a policy for staff recruitment and selection regulating staff recruitment, selection, positioning, competence rewards, promotions, enhancements, penalties, and procedures for termination and retirement. Moreover, a staff recruitment plan is outlined in the UNISMUH Strategic Plan for 2021-2025.

The Faculty's recruitment planning process begins with a demand analysis, considering factors such as the lecturer-to-student ratio, academic staff-to-student ratio, upcoming retirements, and the need for staff with particular competencies to deliver the curriculum. In practical terms, FMHS hired teaching staff specialised in biomedical science for the **Bachelor of Medicine programme** in the year 2022, and recruited obstetricians and dermatologists for the **Medical Doctor programme** to ensure needed capacities for teaching, research, and community engagement. Upon the expert's inquiry, the programme coordinators confirmed that all staff employed at the FMHS are full-time staff.

In their self-assessment report, the Faculty has presented the following student to teaching staff ratios:

	Number of Teaching	Number of Academic-administrative staff	Number of Student	The ratio of teaching staff
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	staff		(Students Body)	to students
BMSP	62	20	566	1:9
MDSP	115	9	291	1:3

Number of teaching staff in the BM-MD programme, Source: UNISMUH

In the course of their assessments, the expert group comes to the overall conclusion that the composition and qualifications of the teaching staff are appropriate to implement the programmes under review successfully. In view of the University's stated goal of becoming a research university by 2032, yet, the experts recommend FHMS to establish a more research-oriented staff recruitment strategy for the future, capitalising especially on its expertise in emergency medicine.

Criterion 5.2 Staff activity and development policy

Evidence:

- Self-Assessment Report
- Development Master Plan of the Faculty of Medicine and Health Sciences 2019 – 2025, UNISMUH
- Standards for Lecturers and Educational Staff, FMHS, UNISMUH, 2019
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

UNISMUH has established a policy for staff activity and development, overseen by the Vice Rector for Human Resources and Infrastructure; which has been adopted by the FHMS as a its so-called Human Resource Development Master Plan (HRDMP). The HRDMP encompasses tenure position development, academic qualification progression, staff training, regular promotions, special positions for academic staff, fellowships, research enhancement, publication training, research grants, community service grants, and community service publications, with the aim of harmonising teaching, research, and community service efforts.

As per the Faculty's self-assessment report, FMHS facilitates several staff development programmes including workshops on clinical learning, basic surgical abilities, disaster response, basic life support, as well as research and publication. Furthermore, the Faculty aims to foster conference attendance and international research collaboration.

Following further inquiry by the auditors, the programme coordinators elaborated that the University supports its lecturers to pursue their academic career including through financially support their further studies, subject to specific conditions and contracts.

According to the Faculty's self-assessment report, eight teaching staff were pursuing their doctoral degrees at the time of its compilation, while three staff pursuing medical specialisation courses.

In terms of financial support, the coordinators explained that staff can apply for financial support through the university for research and publications. Moreover, they highlighted that trainings are regularly organised that aim to support staff in applying for grants.

In response to the expert panel's question concerning offers for staff to enhance their professional and teaching skills, the teaching staff pointed out that there is a compulsory "Training of Trainers" workshop conducted by the Medical Education Unit (MEU) ahead of each semester, encompassing a range of areas including teaching methodology, clinical skills, assessment methods, CBT training, and OSCE training. Furthermore, new lecturers are required to attend pre-requisite teaching courses consisting of the "Training of Improving Instructional Skills" (PEKERTI) course and subsequent "applied approach (AA)" course. All lecturers are expected to build their competencies and portfolios in order to pass the national lecturer certification (*Sertifikasi Dosen* or *Serdos*),

When the expert panel queries about the balance between teaching, research, and community service, the teaching staff explain that the majority of lecturers predominantly allocate their time towards teaching. However, they elaborate that the proportion of time dedicated to teaching, research, and community service depends on the lecturer's level of professorship. To progress in their academic careers, lecturers must invest a significant amount of time and effort into research.

In summary, based on the provided documentation and the insights gained during the audit, the experts conclude that appropriate training offers and resources for career development are available for FHMS staff.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 5:

The experts thank the Faculty of Medicine and Health Sciences for the provided statements concerning criterion 5 and commend the Faculty's efforts to further strengthen the profile of its staff in the field of emergency medicine through local and international exchange.

In summary, the auditors see this criterion as fulfilled.

6. Educational Resources

Criterion 6.1 Physical facilities

Evidence:

- Self-Assessment Report
- Survey Result: Students Satisfaction With The Facilities And Infrastructure 2021/2022, FMHS, UNISMUH
- List of Teaching Hospital and The Network For MDSP Students
- Visitation of FHMS facilities and RSUD Syekh Yusuf hospital during the audit
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

For teaching activities in the **Bachelor of Medicine programme**, the following facilities are available as per the self-report of UNISMUH's Faculty for Medicine and Health Sciences:

- five lecture rooms, accommodating between 120 and 300 students,
- four Integrated Laboratories and
- an anatomy lab for practical sessions and thesis research, capable of hosting 50 - 120 students.



Laboratory (left) and computer-based test (CBT) room (right), Source: ASIIN

Concerning the **Medical Doctor programme**, the Faculty explains that facilities are mostly located within its associated teaching hospitals.

As general physical facilities, the Faculty encompasses a library, clinical skill labs, tutorial spaces, a student hub, an emergency lab, a power laboratory, and a Computer-Based Test (CBT) room with 200 computers. Additionally, spaces within the Faculty premises are

available for lecturers, the Dean and Vice Deans; as well as facilities for teaching staff at the associated teaching hospital and its network.



Clinical skills lab at hospital (left) and resident dormitory room (right), Source: ASIIN

In response to the expert panel's inquiry regarding the facilities offered by the FHMS to facilitate research for both students and staff, the programme coordinators explained that the Faculty is equipped with microbiology, biochemistry, and physiology labs that are available for research undertakings. Additionally, the faculty features a power lab, designed to facilitate specific physiological research tasks, such as ECG and EEG experiments.

In response to the experts' query about students' apparent dissatisfaction with the physical facilities as expressed in surveys submitted as part of the SAR, the programme coordinators acknowledged a shortfall in the provision of computer facilities and a need to obtain a greater number of mannequins for their courses. Recognising the increase in student numbers, they emphasise that the construction of a new building with increased capacities is underway.

When asked by the expert panel about potential improvements for the programme, various of the health industry representatives spoken to during the audit highlight that, depending on the type of hospital hosting medical residents, there are only very limited physical capacities for teaching purposes on site.

In view of the views expressed by both the programme coordinators as well as health industry representatives depicted above, the experts gain the impression that the physical capacities at both the Faculty and its associated hospitals is a central topic the Faculty needs to continue to improve. At the same time, the expert group acknowledges that the programmes under review advanced successfully with the available resource so far, and that the Faculty is aware of the challenge at hand.

Accordingly, the experts conclude that the facilities at the disposal of the BM-MD programme are – at present – overall adequate and sufficient. In view of the University's stated goal of becoming a research university by 2032, yet, the experts recommend FHMS to invest in more research-oriented equipment in the future.

Criterion 6.2 Clinical training resources

Evidence:

- Self-Assessment Report
- Evaluation of Clinical Skill Lab, Academic Year 2021/2022, FMHS, UNISMUH, 2023
- Visitation of FHMS facilities and RSUD Syekh Yusuf hospital during the audit
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

As described under [criterion 2.5](#) and [2.6](#), Clinical Skill Lab (CSL) courses are conducted in the Bachelor of Medicine programme towards the end of each semester starting from the second semester onward, conducted in small groups and are supervised by an instructor.

Among the imparted competencies are anamnesis skills on different cases (such as dyspnoea, infection, pregnancy, etc.), basic physical examination (such as vital signs, spine, thorax, abdomen, ENT, etc.) and invasive procedures (such as injection, intra venous-line, urethral catheter, nasogastric tube, etc.). The labs are conducted with students acting as standardised patients as well as mannequins.

All in all, there are 24 CSL rooms available at the FHMS for these skill labs, each accommodating 10-12 students.



Clinical skills labs at Faculty of Medicine and Health Sciences, Source: ASIIN

During their exchanges during the audit, the some health industry representatives stated to the experts that the provision of additional mannequins for teaching purposes at connected the hospitals would be desirable. This mirrored the impression gained by the expert group during their visitation of the associated teaching hospital during the audit.

In view of this feedback and in alignment with the impressions gained by the expert group during their visitation of the collaborating, the experts come to the overall conclusion that – while there are sufficient clinical training resources available for teaching students at the FHMS – further clinical training resources should be provided for the training of medical residents at the respective hospitals, especially in terms of mannequins and disposable materials.

Criterion 6.3 Information technology

Evidence:

- Self-Assessment Report
- Guidelines For Using E-Learning, FMHS, UNISMUH, 2021
- UNISMUH eLearning System ([here](#))
- FMHS branch library online catalogue ([here](#))
- FHMS Digital Library ([here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The conduct of the BM-MD programme is supported by UNISMUH's information technology infrastructure, which comprises a Learning Management System (LMS) accessible to both educators and students. This platform enables the exchange of information and supports autonomous learning, information retrieval, and course management. Some courses, for instance, offer learning materials, video content, modules, and CSL manuals for students, thereby enabling them to immerse in their studies further.

Furthermore, the branch library of FHMS provides a specialised collection of medicine and health sciences-related literature, made available through an online catalogue. In addition, FMHS offers a digital library with resources like tutorial videos, journals, and e-books.

In response to the expert panel's query about mechanisms to obtain additional literature or software subscriptions, the programme coordinators clarify that, upon request by FHMS's library to the Vice Dean for Human Resources (VD-HR), additional literature and subscriptions can be added following needs indicated by either students or staff.

When asked by the auditors about the utilisation of digital learning formats following the pandemic, the students explained that, in instances when hospital lecturers are unable to deliver classes in person, they might deliver via Zoom instead. Furthermore, UNISMUH's digital platforms are used to support exam preparation and the conduct of pop quizzes.

Criterion 6.4 Medical research and scholarship

Evidence:

- Self-Assessment Report
- Roadmap of Research and Community Services, FMHS, UNISMUH, 2021
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Research and promoting students' independent scientific work is part of the learning process and implemented by various means into BM-MD programmes under review.

As outlined in [chapter 2.2](#), students in the Bachelor of Medicine stage are required to attend two modules entitled Basic Research Methodology I and II, in which students are familiarised with the principles of scientific work, and are subsequently required to present and defend a scientific final thesis at the end of their studies.

Aside from this, students can moreover engage in research outside of their curriculum, for instance through the Faculty's Medical Ar Razy Community (MARC), a student-led body aiming to foster research and academic writing amongst its peers through facilitating contacts to research institutions and the promotion of suitable symposia.

On a connected note, some students spoken to by the experts during the audit expressed that a stronger research component in the BM-MD programme would be desirable.

On the part of the lecturers and in response to the expert panel's inquiry regarding how teaching in the BM-MD programme is informed by research, several staff confirmed that they are actively engaged in research and include insights gained in the delivery of their courses. When asked about how the Faculty's emphasis on emergency medicine is reflected in its research, the expert panel learned that academic staff at the FHMS are mandated to allocate 20% of their research towards topics related to emergency medicine.

In connection to this, representatives from the health sector similarly suggested that the Faculty should exploit its chosen focus on emergency medicine further through publication in international research journals. In view of the above and the University's stated goal of becoming a research university by 2032, the experts recommend that FHMS should

strengthen its research profile going forward, capitalising especially on its expertise in emergency medicine.

Criterion 6.5 Educational expertise

Evidence:

- Self-Assessment Report
- List of courses attended by FMHS Lecturers, FMHS, UNISMUH
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Based both on the provided documentation and their discussions during the audit, the auditors gain the impression that students and alumni of the BM-MD programme are generally satisfied with the teachers' expertise, delivery and support. In connection to this, the Faculty points out that various surveys are employed to assess student satisfaction concerning teaching methods, instructor performance, and the lecturers' expertise.

Moreover, as described under [criterion 5.2](#), FMHS has been found to offer various resources and training to foster the academic profiles and qualifications of its Faculty staff.

In response to an enquiry by the experts regarding the extent to which innovative learning methods are implemented in class, teaching staff highlighted that problem- and case-based learning is represented in almost all courses across various academic years.

Asked by the expert panel about the extent to which English-taught classes are integrated in the curriculum, the teaching staff clarified that, as of now, there aren't any courses taught entirely in English. While there are presentations delivered in English, the primary medium of instruction for lecturing is Bahasa Indonesia.

In view of this statement and especially given the University's stated aim of becoming an "internationally-reputable university" within the next ten years, the experts recommend the Faculty to introduce entirely English-taught courses, especially in the science classes. By this means, the University will be able to intensify its internationalisation efforts, as well as to make UNISMUH more appealing to potential incoming international students and to foster its own students' English language proficiency.

Criterion 6.6 Educational exchanges

Evidence:

- Self-Assessment Report

- Cooperation Guidelines, Institute Of Language Development, Cooperation And International Affairs, UNISMUH, 2021
- Examples of Certificates by Staff for Attending Conferences/Trainings Abroad, FMHS, UNISMUH, 2023
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

FMHS has established a policy governing national and international cooperation with other educational entities. In connection to this, the expert panel asked during the audit how international collaboration is nurtured by the University and Faculty.

In response, teaching staff highlighted announcements for national, regional, and international activities are regularly disseminated by the Faculty through internal circulation, primarily via email. In connection to this, one lecturer highlighted having taken a fellowship in South Korea for a year, while another staff member stated having travelled to Malaysia through an exchange programme facilitated by the Faculty. In addition, multiple lecturers stated to have hosted guest lecturers from countries such as the Philippines, Thailand, and Japan, who shared insights about their research. Furthermore, staff pointed to the International Collaboration Unit, which facilitates the exchange of students and lecturers at the university level.

When asked by the expert panel during the audit about study abroad opportunities, students responded that such opportunities are indeed promoted, citing a student who is currently studying in Thailand and other students who had previously travelled abroad to participate in competitions.

Also, following the Minister of Education, Culture, Research, and Technology's initiative, UNISMUH has implemented "Independent Learning - Independent Campus" (*Merdeka Belajar - Kampus Merdeka*, MBKM) scheme in its curricula, which enables students to pursue various activities outside their core curriculum through internships, mobilities, teaching assistance, entrepreneurship, humanitarian or project work, which are eventually credited as equivalent modules.

In summary, the experts confirm that students, residents, and teachers of the programmes under review have the opportunity for participating in educational exchange programme. This being said, the experts encourage the Faculty to invest further efforts to increase international mobility of its students and staff, especially with the University's stated development plan in mind.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 6:

The experts thank the Faculty of Medicine and Health Sciences for the provided statements concerning criterion 6.

The experts commend the Faculty's outlined ambitions with respect to more research-oriented equipment, clinical training resources, its research profile, international course offering, and student mobility. To encourage the Faculty to follow through with these ambitions in the long term, however, they maintain their recommendations in this regard.

In summary, the auditors nevertheless see this criterion as fulfilled.

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

Evidence:

- Self-Assessment Report
- Report Monitoring and Evaluation (MONEV) of the Even Semester, Medical Doctor Study Program, FMHS, UNISMUH, 2022
- Academic Evaluation Report; Even Semester of 2021/2022, FMHS, UNISMUH
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The BM-MD programme is subject to both internal and external quality assurance mechanisms.

In terms of internal quality assurance, the programmes undergo Annual Monitoring and Improvement (AMI) cycles, facilitated in collaboration between the Quality Assurance Board (QAB) at the university level and the Quality Assurance Units (QAU) the Faculty level. The aim of these annual reviews is to secure compliance with the applicable National Higher Education Standards, as well as to identify challenges that need to be addressed.

Besides the annual AMI cycle, FMHS conducts evaluations each semester. Those concern the teaching and learning processes, student satisfaction, human resources, research, and community services. Insights derived from these evaluations are used inform the semester teaching plans as well as the Faculty's annual strategic plan.

When asked by the expert panel about the extent to which "learning outcome orientation" and "student-centred learning" are integrated in the quality assurance of the BM-MD programme, the programme coordinators responded comprehensively. Regarding "learning outcome orientation", they explained that the programmes aim to achieve this through striving for clear and measurable learning outcomes on both the programme and course level which can be reliably evaluated through the defined course assessment methods. Regarding the "student-centred learning", the coordinators outlined that this is pursued through pedagogical approaches fostering active student engagement, collaboration, reflection, and critical thinking; as well as through staff training (see [criterion 5.2](#)) and recurring student feedback (see [criterion 7.2](#)).

In terms of external quality assurance, the BM-MD programme undergoes evaluations at five-year intervals by the Indonesian Accreditation Agency for Higher Education in Health (IAAHEH / LAM-PTKes), which is certified by the World Federation for Medical Education (WFME). In 2022, both BMSP and MDSP have been awarded grade "A" accreditation by the IAAHEH / LAM-PTKes, valid until 2027.

Criterion 7.2 Teacher and student feedback

Evidence:

- Self-Assessment Report
- Examples of Surveys, Quality Assurance Unit, FMHS, UNISMUH ([here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

Feedback on student learning experience for the BM-MD programme is gathered through multiple surveys filled by both students, alumni, as well as lecturers.

In the **Bachelor of Medicine programme**, students are required to complete evaluation surveys for each attended course, covering learning objectives, methods, and assessment of learning as well as facilities and infrastructure. This survey is conducted anonymously via the students' eLearning portal, and students are expected to complete it prior to their final course examination. In the **Medical Doctor programme**, students are likewise asked to complete corresponding surveys before their respective final module examinations. Finally, lecturers are obliged to complete surveys that focus on aspects such as facilities, the educational process, management, the curriculum, and staffing.

In response to the expert panel's query about how course feedback is processed and reflected on with the students, the programme coordinators explained that outcomes of

these surveys, along with any resulting changes, are shared with the Faculty's Student Executive Council. During their following exchanges with students during the audit, the experts heard various examples of such initiated changes, such as modifications made to courses or extended duration of the emergency department rotations at the Medical Doctor stage of the BM-MD programme.

In sum, the expert group confirms that feedback from students and alumni is used for the continuous development of the BM-MD programme, and that course feedback is shared with the Faculty's student representation, thus closing the feedback cycle.

Criterion 7.3 Performance of students and graduates

Evidence:

- Self-Assessment Report
- Survey Result: Students Satisfaction With The Facilities And Infrastructure 2021/2022, FMHS, UNISMUH
- Examples of Course Portfolios, FMHS, UNISMUH, 2023
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

To assess student learning attainment, evaluations of the achieved CLOs (course learning outcomes) is undertaken each semester following the publication of the final course grades, drawing from the students' performance in their course assessments.

Moreover, as outlined under the preceding [criterion 7.2](#), multiple surveys are conducted with students, lecturers, as well as alumni of the BM-MD programme.

With regard to their students' performance in the national qualification examination, the Faculty provided the below overview for first-time takers in 2022, published by the National Competence Test Committee for Medical Doctor Study Programs (PNUKMPPD):

NO.	INFORMATION	Faculty of Medicine and Health Sciences, UNIVERSITAS MUHAMMADIYAH MAKASSAR	NATIONAL
1	OSCE highest score	84,92	96,36
2	OSCE lowest score	59,15	29,21
3	Percentage of pass for first takers OSCE participants	88,24	97,01
4	The highest score of CBT MCQs	85,50	94,00

5	The lowest value of CBT MCQs	46,00	18,00
6	Percentage of pass first takers MCQs CBT	97,01	89,15
7	UKMPPD passing percentage	80,95	73,56

National Competence Test Committee for Medical Doctor Study Programs (PNUKMPPD) results 2022, Source: UNISMUH

As can be derived from the chart, about 80% of UNISMUH's BM-MD students pass the national examination at the first attempt, with almost all of UNISMUH's test takers passing the examinations's MCQ component at one go, and about 90% passing the OSCE component right away.

On their part, alumni are invited to participate in tracer studies. The primary intent of these surveys is to foster alumni engagement and collaboration, enabling them to offer insights and data that aid the programme development. In particular, the alumni tracer studies provide valuable insight to ensure alignment of the curriculum and its intended learning outcomes with industry and societal needs. Furthermore, the alumni survey gathers details about post-graduation pursuits and experiences, spanning employment, further studies, professional undertakings, and career progression. Based on this tracer study and as per the Faculty's statement, all BM-MD programme graduates secure employment within a year of graduation.

Criterion 7.4 Involvement of stakeholders

Evidence:

- Self-Assessment Report
- Survey Result: Students Satisfaction With The Facilities And Infrastructure 2021/2022, FMHS, UNISMUH
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The FHMS declares that stakeholder feedback plays a crucial role in the evaluation of the BM-MD programme curriculum and its aspired learning outcomes.

Annual questionnaires are used to gather stakeholder feedback, which encompasses their satisfaction with employed graduates, their accomplishments and capabilities, as well as room for stakeholder recommendations regarding the teaching process. Subsequently, a series of regular meetings is organised to share evaluation results and plans for future curriculum adjustments, also inviting stakeholders and alumni. Aside from the above,

multiple examples of Faculty-stakeholder engagement have been outlined under [criterion 1.2](#) and [criterion 2.8](#).

In summary, the expert group confirms that the quality management system is suitable to identify weaknesses and to improve the degree programmes. All stakeholders are involved in the process.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 7:

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

8. Governance and Administration

Criterion 8.1 Governance

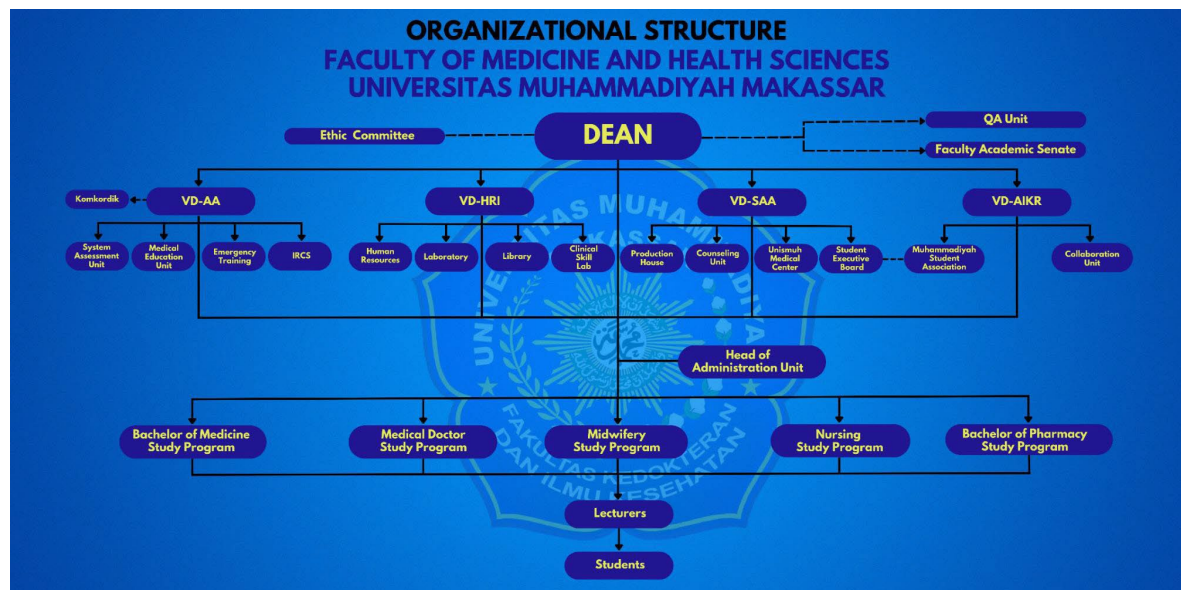
Evidence:

- Self-Assessment Report
- Handbook Administrators Governance, Good Governance, And Leadership System, UNISMUH, 2020
- Decree Number: 292/Year 1443 H/2022 M, Rector of the Universitas Muhammadiyah Makassar, regarding Implementation of Structural Official Duties and Functions
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

UNISMUH has established a comprehensive governance structure, as can be discerned from the visualisation below. The the Rector, who is assisted by four Vice Rectors in University management, leads the University. The Faculty of Medicine and Health Sciences is headed by the Dean, who receives support from four Vice Deans. The Bachelor of Medicine and Medical Doctor programmes are directed by the Head of the Study Programme and have assistance from a Study Programme Secretary. The Rector, upon the recommendation of the faculty academic senate and consideration of the Muhammadiyah South Sulawesi Regional Leadership, appoints and dismisses the Dean. The appointment and dismissal of Vice Deans is also within the responsibility of the Rector, following recommendations from the Faculty Academic Senate and input from the Executive Board of UNISMUH. The Faculty's Academic Senate comprises professors, Deans, Vice Deans,

Heads of GKM, Heads of Study Programmes, and lecturer representatives from each study programme.



Organisational structure of Faculty of Medicine and Health Sciences, Source: UNISMUH

Criterion 8.2 Academic leadership

Evidence:

- Self-Assessment Report
- Survey Result: Stakeholders' Satisfaction with the Leaders, FMHS, UNISMUH, 2021-2022
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

In his responsibility to oversee the University's management, the Rector receives support from

- the Vice Rector for Academic Affairs (VR-AA),
- the Vice Rector for Human Resources, Infrastructure, and Finances (VR-HRI),
- the Vice Rector for Student Affair and Alumni (VR-SAA),
- and the Vice Rector for Al-Islam Kemuhammadiyah (VR-AIKR).

The Dean is responsible for education, teaching, research, community service, and Al-Islam Kemuhammadiyah on the Faculty level. Furthermore, they oversee lecturers, students, and educational staff, and report to the Rector. Assisting the Dean are

- the Vice Dean for Academic Affairs (VR-AA),
- the Vice Dean for Human Resources, Infrastructure, and Finances (VR-HRI),
- the Vice Dean for Student Affair and Alumni (VR-SAA),
- and the Vice Dean for Al-Islam Kemuhammadiyah (VR-AIKR).

The Heads of the Study Programmes oversee and are responsible for the delivery the programme and its associated activities, supported by the Secretary of the Study Programme.

Criterion 8.3 Educational budget and resource allocation

Evidence:

- Self-Assessment Report
- Technical Instruction And Standard Costing, Financial Management, UNISMUH, 2021
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

At the University level, the VR-HRI oversees the allocation of budgets and resources. At the Faculty level, this responsibility falls to the VD-HRI, who oversees the allocation of the available budget based on a so-called Annual Budgeting Workplan (ABW). As per the provided self-assessment report, FMHS plans and proposes its budget for the upcoming year annually during a university working session in August, covering its teaching, research, community service, and Al-Islam Kemuhammadiyah activities. The sum of these four areas of activities is called *Catur Dharma*. As part of its self-assessment report, the University provided detailed regulations governing UNISMUH's financial administration.

In 2022, the ABW allocated for the Bachelor of Medicine was used to 89% towards educational purposes for the study programme, 8% went towards investment in human resources, facilities, and infrastructure; while the remaining 3% supported research and community services. As for the Medical Doctor programme, 78% of its ABW was utilised for the study programme's operational expenses that year; 4% for research and community service each, with the remainder directed towards infrastructure and facilities.

In view of the above, the University's stated goal of becoming a research university by 2032, as well as the connected recommendation made under criterion 6.4, the experts reiterate that that FHMS should increase funding to strengthen its research profile going forward, capitalising especially on its expertise in emergency medicine.

Criterion 8.4 Administrative staff and management
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Evidence:

- Self-Assessment Report
- Guidelines for Recruiting Permanent Employees of the Muhammadiyah Association, UNISMUH, 2021
- Examples of Education Performance Assessment Forms, FMHS, UNISMUH, 2023
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The non-academic staff of the Faculty consists of 18 administrative members, six librarians, three IT professionals, and two technicians; overseen by the Vice Dean for Human Resources, Infrastructure, and Finances (VR-HRI).

Whenever additional admin staff capacities are needed at the FMHS, a corresponding request needs to be submitted to the VD-HRI for assessment. Upon evaluation, the VD-HRI then communicates these requirements to the University leadership if deemed justified. The University then initiates a recruitment process for suitable new staff members, or may consider transferring current administrative employees from other units of the University.

Taken together, based on the provided documentation and their assessments made during the audit, the experts consider the number and qualification of the administrative staff members at the Faculty of Medicine and Health Sciences to be sufficient for the delivery of the BM-MD programme.

Criterion 8.5 Interaction with health sector

Evidence:

- Self-Assessment Report
- Cooperation Guidelines, Institute Of Language Development, Cooperation And International Affairs, UNISMUH, 2021
- Report Of Cooperation Partners Satisfaction Survey Results, Institute Of Language Development, Cooperation And International Affairs, UNISMUH, 2022
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

FMHS engages in a multiplicity of external collaborations to facilitate the BM-MD programme, governed by university guidelines regarding its institutional collaborations and partnerships.

Centrally, the Faculty collaborates with one primary teaching hospital and its affiliated network consisting of six additional hospitals and further affiliates. Additionally, FMHS partners with 10 community health centres (CHCs) and the regional Public Health Office.

No	Agencies
1.	Syech Yusuf Gowa Hospital (Teaching Hospital)
2.	Pelamonia Hospital
3.	Labuang Baji Hospital
4.	Sitti Khadijah III Hospital
5.	Sitti Khadijah I Hospital
6.	Dadi Hospital
7.	ORBITA Clinic
8.	Public Health Office
9.	Bara-barayya Public Health Centre
10.	Toddopuli Public Health Centre
11.	Batua Public Health Centre
12.	Jongaya Public Health Centre
13.	Mangasa Public Health Centre
14.	Tamamaung Public Health Centre
15.	Rappokalling Public Health Centre
16.	Cendrawasih Public Health Centre
17.	Pampang Public Health Centre
18.	Antang Public Health Centre

List of collaborating hospitals and public health centres, Source: UNISMUH

According to the Faculty, regular survey-based evaluations of these partnerships take place. In this context, the FHMS states the balance of student numbers and available capacities as well as strengthen collaborative research efforts as areas for improvement already identified. In a similar vein, students expressed multiple times during their exchanges with the expert panel during the audit that the University should expand their collaboration with local and regional hospitals, so to enable a greater diversity and coverage of topics pursued during the rotations in the Medical Doctor stage.

In view of the substantial increase in student numbers as outlined under [criterion 4.2](#) and in agreement with both the Faculty's and the students' statements above, the expert group

concur that the FMHS should foster further local & regional collaboration with additional teaching hospitals and health & crisis centres. This would allow for a greater variety of possible rotations, case variety exposure, and practical experiences, the latter especially in connection to their community service.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 8:

The experts thank the Faculty of Medicine and Health Sciences for the provided statements concerning criterion 8 and commend the Faculty's efforts to strengthen its research profile and network of collaborating institutions.

To encourage the Faculty to follow through with these ambitions in the long term, however, they maintain their recommendations in this regard.

In summary, the auditors nevertheless see this criterion as fulfilled.

9. Continuous Renewal

Evidence:

- Self-Assessment Report
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

As described in the previous chapters (especially under criterion [1.2](#), [2.8](#), [3.2](#) as well in [chapter 7](#)), continuous development of the study programmes under review is a routine part of the quality assurance system at the FMHS and UNISMUH. This is supported by multi-level quality assurance structures and drawing from a wide spectrum of surveys addressing internal as well as external stakeholders and furthermore complemented by continuous staff training and available institutional support for academic development (see [criterion 5.2](#)).

Based on the above, the experts find that adequate continuous monitoring and development mechanisms are in place. Furthermore, the auditors confirm that the quality management system is suitable to identify weaknesses and to improve the degree programmes, involving all relevant stakeholders in the process.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 9:

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

D Additional ASIIN Criteria

Criterion D 1.2 Name of the Degree Programme

Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

The experts consider the original Indonesian names as well as the English translations of the BM-MD programme to be in line with the intended learning outcomes and the curricular content.

Criterion D 1.5 Workload and Credits

Evidence:

- Self-Assessment Report
- Academic Guidebook, UNISMUH Makassar, 2021/2022
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Module Descriptions
- Survey of Study Load (workload) for Odd Semester Students for Academic Year 2022/2023, FMHS, UNISMUH
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

In accordance with the pertinent ministerial decree of the Ministry of Research, Technology, and Higher Education regarding National Standards for Higher Education (*Standar Nasional Pendidikan Tinggi, SNPT*), one Indonesian credit point (*Satuan Kredit Semester, SKS*) equates to a weekly 170-minute workload across 14 course weeks.

For theory-oriented learning activities such as lectures, the weekly workload is understood as consisting of 50 minutes for scheduled face-to-face teaching delivery, 60 minutes for structured assignments, and 60 minutes for independent study. For practice-oriented learning activities such as practicums, field practice, or community service, there is no further sub-division of the allocated 170-minute workload per week.

Asked about how an alignment of calculated workload (and thus credits) with students' actual workload is ensured, the coordinators highlighted that a workload survey is conducted recurrently by programme. If needed, feedback from these questionnaires is used by the course coordinators to make adjustments to the amount of assignments or the material suggested for self-study. As a further example of an outcome from this process, the programme coordinators highlighted that the modules Biomedical I-III, where students frequently face challenges, have been restructured into Biomedical I-V in a coming curriculum revision. This was expressly welcomed by the students during their exchange with the assessors during the audit.

Based on the above, the experts assess that a credit system and well as a recurring mechanism to monitor the alignment of workload and credits is in place.

Concerning the University's conversion of Indonesian credits to the European Credit Transfer and Accumulation System (ECTS), the experts understand that UNISMUH equates 30 hours of workload to 1 ECTS, which is within the range (i.e. 25-30 hours) suggested by the ECTS Users' Guide.

This being said, the experts were unable to reconstruct the ECTS conversion suggested by the FHMS for the **Medical Doctor** programme, and hence ask the Faculty for a clarifying statement before making their final assessment.

Criterion D 2 Exams: System, Concept and Organisation
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Evidence:

- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Curriculum Documents, Bachelor Of Medicine, FMHS, UNISMUH, 2021

- Explanation on Learning Assessments regarding grading by type of course
- Assessment blueprint detailing relation of modules, ILOs, and their weighting
- Example: Scoring Rubric for Undergraduate Thesis
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

In the course of their perusal of examination and thesis samples during the audit, experts made the following observations:

The Moodle system used for MCQ examination provides great transparency in terms of students' ability to understand their grading, as well as for the QA unit to assess the quality and suitability of the assessment items used. The level of difficulty of the computer-based examinations seen was judged as appropriate.

Contents and structure of the final Bachelor's theses assessed were found to be in line with the appropriate international structures and guidelines in the medical field, and to be overall on a good level.

For a further detailed outline of the examination and grading systems of the BM-MD programme, please be referred to [chapter 3](#).

Criterion D 4.1 Module Descriptions
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- Self-Assessment Report
- Curriculum Book for the Medical Doctor Program, FMHS, UNISMUH Makassar
- Module Descriptions
- University Website ([here](#), [here](#))
- Discussions with programme coordinators, lecturers, students, and industry representatives during the audit.

Preliminary assessment and analysis of the experts:

While analysing the provided module descriptions, the experts confirm that the module descriptions include all necessary information. However, they find that multiple course descriptions for the **Bachelor of Medicine** are not provided on the programme's website, and that a uniform labelling of module titles, module descriptions and portfolios should be ensured.

Criterion D 4.2 Diploma and Diploma Supplement

Evidence:

- Self-Assessment Report
- Sample of Diplomas for both study programmes
- Sample of Diploma Supplements

Preliminary assessment and analysis of the experts:

Based on the provided evidence, the experts confirm that the Faculty of Medicine and Health Science issues Diploma and a Diploma Supplements after graduation – the latter called the *Surat Keterangan Pendamping Ijazah* (SKPI) – along with a Transcript of Records containing the attended courses including grades and the credits awarded.

This being said, the experts note that no diploma supplement for the Bachelor of Medicine was provided, and that the sample transcripts do not include a sample for the Medical Doctor programme. The experts hence ask the University to provide such samples before making their final assessment.

Following their perusal of the provided Diploma Supplement sample, the experts note that most of the necessary information are provided as per the applicable template for Diploma Supplement issued by Ministerial Conference of the European Higher Education Area (EHEA) in May 2018 and the ECTS Users' Guide from 2015.

In the course of their review of the sample diploma supplements provided, the experts however note the following:

- no information on the **mode of study** (e.g. full-time, part-time, distance, etc.) is included,
- the expected **standard duration of studies** (eight semesters / four years) is not stated,
- no information on the defined **programme learning objectives** (as stated in the [appendix](#)) are included,
- and information on **access requirements** for the respective programmes are missing.

The experts hence ask the Faculty to add the above information in the diploma supplement to be in full compliance with the applicable standards.

Final assessment of the experts after the comment of the Higher Education Institution regarding the additional ASIIN criteria:

The experts thank the Faculty of Medicine and Health Sciences for the provided statements concerning the additional ASIIN criteria

Conversion of workload from SKS to ECTS

Upon consultation of the Faculty's additional statement and calculation chart provided, and in context of the previously provided curriculum book, self-assessment report and module descriptions, the experts note multiple discrepancies concerning the SKS to ECTS workload conversion proposed by the Faculty that pertain to both the Bachelor's and professional stage of the programme.

Example (Medical Doctor programme):

Internal Medicine, 5 SKS (Theory component: 2 SKS, Practice component: 3 SKS)

As per the Faculty's submitted workload conversion table, the following calculation is applied to convert the workload into ECTS:

$$\frac{2 \text{ Theory SKS} * (50 + 60 + 60) \frac{\text{minutes}}{\text{week}} * 16 \text{ semester weeks}}{60 \text{ minutes}} + \frac{3 \text{ Practice SKS} * 200 \frac{\text{minutes}}{\text{week}} * 16 \text{ semester weeks}}{60 \text{ minutes}}$$

$$= 250.67 \text{ hours, divided by 25 hours per ECTS}$$

$$= \mathbf{10.03 \text{ ECTS}} \text{ (as also stated in the module description).}$$

Based on the Faculty's own calculation, the experts remain unclear both as to why 200 minutes of workload per practical credit per week have been assumed (not 170 minutes, as explained in the SAR), and why 16 (instead of 14) semester weeks were applied for the Medical Doctor modules. Both aspects appear not to be clearly explained in the provided documentation (although the experts recognise that MD students do not attend mid-term and final examination weeks the way Bachelor's students do). Moreover, the applied conversion rate of 1 ECTS = 25 hours of workload needs to be noted.

In connection to this, they moreover note that both for the modules "Ophthalmology" and "Forensic and Medicolegal" *four* SKS were converted into ECTS in the Faculty's provided conversion table, although both modules only carry 2 SKS as per the curriculum

Example (Bachelor's programme):

Biomedical I, 5 SKS (Theory component: 3 SKS, Practice component: 2 SKS)

In accordance with the model conversion explained in the Faculty's self-assessment report, UNISMUH applied a conversion of

$5 \text{ SKS} * 170 \text{ minutes} * 14 \text{ semester weeks} = 198.33 \text{ hours},$

divided by 30 hours per ECTS = 6.6 ECTS,

as also stated in the module description for the course. Here, 14 semester weeks as well as 170 minutes of workload per week per credit have been applied, as well as a conversion of 1 ECTS = 30 hours of workload.

While both equating 25 as well as 30 hours of work to one ECTS is within the range permitted by the relevant ECTS Users' Guide, the experts highlight that *one* conversion rate must be applied consistently.

In summary, the auditors ask the Faculty revise their ECTS calculation for all courses of both stages of the BM-MD programme, to apply a uniform ECTS conversion rate in the process, and to make accordingly corrected curriculum overviews and module descriptions available on the Faculty's website. In connection to this, based on a tentatively revised conversion table, the experts calculate a preliminary ECTS equivalency of $43 \text{ SKS} \approx 65 \text{ ECTS}$ for the entire MD stage (applying 16 semester weeks, 170 minutes of weekly workload per credit, 30 hours as 1 ECTS, and with corrected SKS for the abovementioned Forensic and Ophthalmology modules).

Module Descriptions

The experts thank the Faculty for their stated intention to provide revised module descriptions on their website. In this context, they emphasise that descriptions for *all* modules of the curricula – including for the Bachelor's thesis and the research methodology courses – need to be provided, and that all module descriptions will need to include verified ECTS conversions as discussed above.

Diploma Supplement

The experts thank the Faculty for their stated intention to revise its issued Diploma Supplements in line with the requirements outlined under [criterion D 4.2.](#)

E Additional Documents

Before preparing their final assessment, the panel ask that the following missing or unclear information be provided together with the comment of the Higher Education Institution on the previous chapters of this report:

- D 1. (ASIIN D 1.5) Provide a detailed explanation concerning the suggested conversion of SKS to ECTS for the Medical Doctor programme.
- D 2 (ASIIN D 4.2) Provide a diploma supplement sample for graduates of the Bachelor of Medicine stage, as well as a transcript sample that includes the modules for the Medical Doctor programme.

F Comment of the Higher Education Institution (06.11.2023)

The institution provided the following additional documents

- Decree Number: 253A/Year 1444 H/2023 M, Rector of the Universitas Muhammadiyah Makassar, regarding Official Actively Students (...) for 2022-2023 Academic Year, UNISMUH.
- Websites of UNISMUH and the Faculty of Medicine and Health Sciences.
- Website of the Higher Education Database (*PDDikti*) of the Secretariat of the Directorate General of Higher Education, Ministry of Education and Culture.
- Annual Budget, Faculty of Medicine And Health Sciences, Universitas Muhammadiyah Makassar, 2023/2024.
- Roadmap of Research and Community Services, FMHS, UNISMUH, 2021
- Overview, Curriculum Mapping and ECTS Calculation.
- Samples of English-taught courses for international exchange students.
- Samples of additional collaboration agreements.

as well as the following detailed statement [links to evidences removed]:

Responses of Faculty of Medicines and Health Sciences towards the Draft Report of ASIIN Accreditation

Section	Criteria	Comments from ASIIN	Responses from Unismuh
B	Table 1 (column g)	43 SKS equivalent to ??? ECTS	For MDSP. The 43 SKS equivalent to 94 ECTS
B	Table 1 (column h)	Intake rhythm and first time offer	for BMSP intake rhythm annually on August, for MDSP intake rhythm twice a year on August and February
B		More than 20.000 students are enrolled	For this statement, The university confirmed that student enrolled at UNISMUH this year 14.690

C	1.1	In summary, the experts note that the intended learning outcomes of the BM-MD programme are well founded and reasonable. This being said, the experts found that the programmes' intended learning outcomes (as per the "Curriculum Book" and stated in the appendix) appear not to be published on the programme's website and hence not publicly accessible to all interested stakeholders.	Our curriculum book has been published on our website. Regarding to the electricity trouble in Makassar last two weeks, our server was down for several days. Currently it can be accessed again.
	5.1	The experts recommend FHMS to establish a more research-oriented staff recruitment strategy for the future, capitalising especially on its expertise in emergency medicine	Thank you for the recommendation. For now we have recruited two lecturers with emergency background. Next semester we will send some lecturers to study emergency medicine at Brawijaya University. Benchmarking in two universities (Hiroshima University and University Kebangsaan Malaysia) regarding emergency also done to enrich our curriculum of Emergency
	6.1	In view of the University's stated goal of becoming a research university by 2032, yet, the experts recommend FHMS to invest in more research-oriented equipment in the future.	We are currently starting to invest in research, reflected in the Annual Budgeting Workplan that the portion for research is increasing from year to year. We also invest for new Faculty building which is include laboratory for research. Thank you for your advice.

	6.2	The experts all in all come to the conclusion that – while there are sufficient clinical training resources available for teaching students at the FHMS – further clinical training resources should be provided for the training of medical residents at the respective hospitals, especially in terms of mannequins and disposable materials	In our Annual Budget Workplan (ABW) for 2023 we will provide clinical training resources not only for one teaching hospital but also in every satellite hospital where students learn and do their skill training. Also regarding the increasing number of student, we should provided more training resources include mannequins and disposable materials in each hospitals.
	6.4	The experts recommend that FHMS should strengthen its research profile going forward, capitalising especially on its expertise in emergency medicine	Thank you for the recommendation. We are going in that direction, we currently have a research roadmap that leads to emergencies.
	6.5	The experts recommend the Faculty to introduce entirely English-taught courses as a means to intensify its internationalisation efforts, as well as to make UNISMUH more appealing to potential incoming international students and to foster its own students' English language proficiency.	Currently, there are courses in English since we have 2 International students from Sudan this year. This semester is matriculation session, so we provided the english-taught courses gradually. The english-taught courses for matriculation are learning skill courses, Bahasa, and Physiology subject for Biomedic 1.
	6.6	The experts confirm that students, residents, and teachers of the programmes under review have the opportunity for participating in educational exchange programme. This being said, the experts encourage the Faculty to invest further efforts to increase international mobility of its students and staff, especially with the University's stated development plan in mind	We are currently doing student mobility and will encourage students and staff to involved the program in the future.
	8.3	The experts reiterate that that FHMS should increase funding to strengthen its research profile going forward, capitalising especially on its expertise in emergency medicine.	Thankyou for the recommendation. We will increase funding in Emergency medicine for the purpose of research and also resources to strengthen the emergency aspects. We will also increase collaboration with more hospital and crisis centre to

	8.6	In view of the substantial increase in student numbers as outlined under criterion 4.2 and in agreement with both the Faculty's and the students' statements above, the expert group concurs that the FMHS should foster further local & regional collaboration with additional teaching hospitals and health & crisis centres to allow for a greater variety of possible rotations, case variety exposure, and practical experiences, the latter especially in connection to their community service.	Thankyou for the recommendation. We also realize that increasing the number of student need more collaboration in order to fulfill the requirement of teaching hospitals and the need of variety of cases and also practical experience in emergency. Now we have signing MoU with th government of Takalar regency and Bantaeng regency in the term of teaching hospital in the regencies and also crisis and disaster centre.
D	1.5	The experts were unable to reconstruct the ECTS conversion suggested by the FHMS for the Medical Doctor programme, and hence ask the Faculty for a clarifying statement before making their final assessment.	Thankyou. For the MD programme, it has 43 SKS that equivalent to 94 ECTS
D	4.1	Multiple course description for BMSP are not provided on the program website, and that a uniform labelling of module titles, module description and portofolios should be ensured	Module descriptions of Bachelor of Medicine mostly provided at website. We will recheck all the modules decription and make sure the title is inline with the module description. Thankyou for the input.
D	4.2	The experts hence ask the Faculty to add the above information in the diploma supplement to be in full compliance with the applicable standards	Thankyou for the recommendation. This Diploma supplement were under the coordination of the University. So will forward the recommendation for the complete and comprehensive diploma supplement in the future.

G Summary: Expert recommendations (09.11.2023)

Taking into account the additional information and the comments provided by the Faculty of Medicine and Health Sciences, the experts summarize their analysis and **final assessment** for the award of the seals as follows:

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	With requirements for one year	30.09.2029
Medical Doctor	With requirements for one year	30.09.2029

Requirements

For both degree programme

- A 1. (WFME 4.1) Ensure efforts that students with **colour blindness** are not excluded from studying the subjects.
- A 2. (ASIIN D 1.5) Revise the **SKS to ECTS conversion** applied in both stages of the BM-MD programme.
- A 3. (ASIIN D 4.1) All **module descriptions** need to be made publicly available, using consistent module titles and including reviewed ECTS conversions.
- A 4. (ASIIN D 4.2) **Diploma supplements** must include information on the mode of study (e.g. full-time, part-time, distance, etc.), standard duration of studies, access requirements, as well as the programmes' learning objectives.

Recommendations

For both degree programmes

- E 1. (WFME 2.8) It is recommended to look into **closer collaboration with provincial crisis centres and regional disaster offices** as part of the students' integrated community service.
- E 2. (WFME 3.1/6.4) It is recommended to increase **prospective** (e.g. experimental, clinical) **theses**, especially in view of the long-term ambitions of the university.

- E 3. (WFME 6.2) It is recommended to increase **clinical skills materials** (mannequins, disposable resources) provided to the teaching hospitals.
- E 4. (WFME 6.5/6.6) It is recommended for the Faculty to **intensify its internationalisation efforts**, in particular with regard to **student mobility** opportunities and **English-taught classes**.
- E 5. (WFME 5.1/6.1/6.4/8.3) It is recommended for the Faculty to **develop its research profile**, particularly through allocating increased funds for research purposes, **publications** in international journals, investment in research-oriented equipment as well as a corresponding recruitment strategy.
- E 6. (WFME 8.5) It is recommended to foster **further local & regional collaboration** with additional **teaching hospitals and health & crisis centres** to allow for a greater variety of possible rotations, case variety exposure, and practical experiences.

H Comment of the Technical Committee 14-Medicine (17.11.2023)

Assessment and analysis for the award of the ASIIN seal:

The Technical Committee agrees with the requirements and recommendations proposed by the expert panel.

The Technical Committee 14 – Medicine recommends the award of the seals as follows:

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	With requirements for one year	30.09.2029
Medical Doctor	With requirements for one year	30.09.2029

I Decision of the Accreditation Commission (08.12.2023)

Assessment and analysis for the award of the subject-specific ASIIN seal:

The Accreditation Commission discusses the procedure and follows the assessment of the experts and the Technical Committee 14 without changes.

The Accreditation Commission decides to award the following seals:

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	With requirements for one year	30.09.2029
Medical Doctor	With requirements for one year	30.09.2029

Requirements

For both degree programme

- A 1. (WFME 4.1) Ensure efforts that students with **colour blindness** are not excluded from studying the subjects.
- A 2. (ASIIN D 1.5) Revise the SKS to ECTS conversion applied in both stages of the BM-MD programme.
- A 3. (ASIIN D 4.1) All **module descriptions** need to be made publicly available, using consistent module titles and including reviewed ECTS conversions.
- A 4. (ASIIN D 4.2) **Diploma supplements** must include information on the mode of study (e.g. full-time, part-time, distance, etc.), standard duration of studies, access requirements, as well as the programmes' learning objectives.

Recommendations

For both degree programmes

- E 1. (WFME 2.8) It is recommended to look into **closer collaboration with provincial crisis centres and regional disaster offices** as part of the students' integrated community service.

- E 2. (WFME 3.1/6.4) It is recommended to increase **prospective** (e.g. experimental, clinical) **theses**, especially in view of the long-term ambitions of the university.
- E 3. (WFME 6.2) It is recommended to increase **clinical skills materials** (mannequins, disposable resources) provided to the teaching hospitals.
- E 4. (WFME 6.5/6.6) It is recommended for the Faculty to **intensify its internationalisation efforts**, in particular with regard to **student mobility** opportunities and **English-taught classes**.
- E 5. (WFME 5.1/6.1/6.4/8.3) It is recommended for the Faculty to **develop its research profile**, particularly through allocating increased funds for research purposes, **publications** in international journals, investment in research-oriented equipment as well as a corresponding recruitment strategy.
- E 6. (WFME 8.5) It is recommended to foster **further local & regional collaboration** with additional **teaching hospitals and health & crisis centres** to allow for a greater variety of possible rotations, case variety exposure, and practical experiences.

J Fulfillment of Requirements (06.12.2024)

Requirements

For both degree programmes

- A 1. (WFME 4.1) Ensure efforts that students with colour blindness are not excluded from studying the subjects.

Initial Treatment	
Experts	fulfilled Justification: A Rector's Decree was issued which now permits also students with colour blindness to study the programmes.
TC 14	fulfilled Justification: The TC follows the assessment of the experts.
AC	fulfilled Justification: The AC follows the assessment of the experts and the TC.

- A 2. (ASIIN D 1.5) Revise the SKS to ECTS conversion applied in both stages of the BM-MD programme.

Initial Treatment	
Experts	fulfilled Justification: The conversion system has been revised and corrected to the experts' satisfaction.
TC 14	fulfilled Justification: The TC follows the assessment of the experts.
AC	fulfilled Justification: The AC follows the assessment of the experts and the TC.

- A 3. (ASIIN D 4.1) All module descriptions need to be made publicly available, using consistent module titles and including reviewed ECTS conversions.

Initial Treatment	
Experts	fulfilled Justification: The module descriptions have been revised and are now published on the programmes' website.
TC 14	fulfilled Justification: The TC follows the assessment of the experts.
AC	fulfilled Vote: unanimous

	Justification: The AC follows the assessment of the experts and the TC.
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- A 4. (ASIIN D 4.2) Diploma supplements must include information on the mode of study (e.g. full-time, part-time, distance, etc.), standard duration of studies, access requirements, as well as the programmes' learning objectives.

Initial Treatment	
Experts	fulfilled Justification: The missing information has been included in the diploma supplement.
TC 14	fulfilled Justification: The TC follows the assessment of the experts.
AC	fulfilled Justification: The AC follows the assessment of the experts and the TC.

The Accreditation Commission decides to award the following seals:

Degree programme	ASIIN-label	Subject-specific label	Accreditation until max.
Ba Medicine	All requirements fulfilled	-	30.09.2029
Medical Doctor	All requirements fulfilled	-	30.09.2029

Appendix: Programme Learning Outcomes and Curricula

According to the Faculty's *Curriculum Book for the Medical Doctor Program*, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Bachelor of Medicine-Medical Doctor (BM-MD) programme:

c. Objectives of Study Program

Objectives of the Bachelor of Medicine Study Program, Faculty of Medicine and Health Sciences, Unismuh Makassar

a. General objectives

1. Realizing Islamic, ethical, and internationally recognized bachelor of medicine;
2. Generating human resources who have basic scientific knowledge, clinical skills, clinical skills in emergencies, and professionals in the context of health problems and are able to develop themselves through a lifelong learning process;
3. Generating bachelor of medicine that is independent and has good Governance.

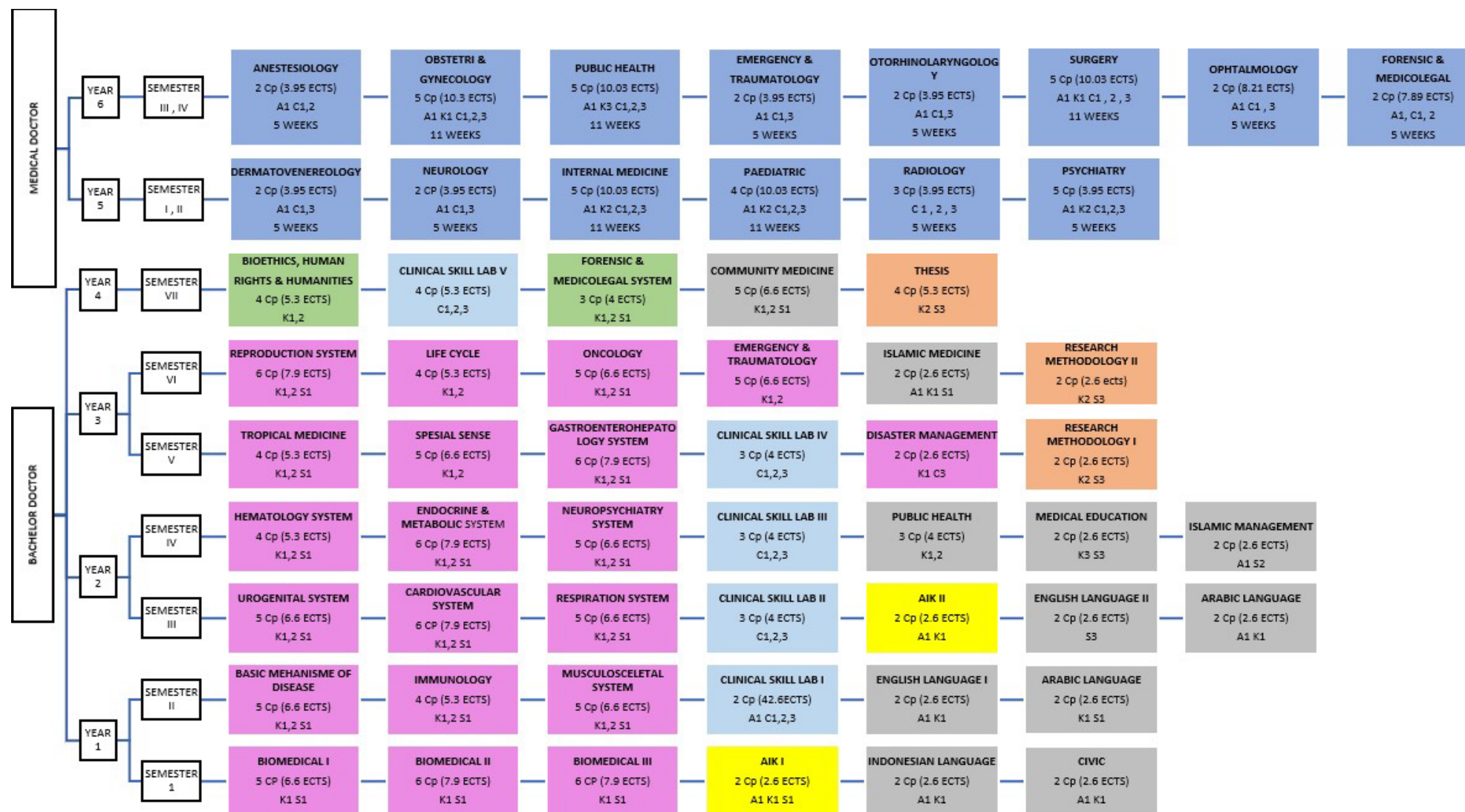
b. Specific Outcomes

1. To have a scientific basis in the management of individual, family and community health problems that are often encountered in a comprehensive, holistic and sustainable manner;
2. To apply the basic principles of biomedical, clinical and epidemiological sciences in discussing health issues in education;
3. To provide basic clinical examination skills and clinical skills in the field of medical emergencies which will be carried out in various primary health care facilities;
4. To implement Islamic values, medical ethics and humanism in providing health services to the public at primary health care facilities;
5. To know and to practice aspects of effective communication with patients, families, communities and other health professionals;
6. To improve the ability of graduates to access, critically examine, and manage medical and health information in order to maintain lifelong learning abilities;
7. To conduct health medical research according to applicable regulations.

Learning Outcomes		
S1	ATTITUDE	Being pious to God Almighty and being able to show religious attitude and Islamic character
S2	ATTITUDE	Acting as a citizen who has nationalism and carries out the profession by upholding religious beliefs, morality, professional ethics, legal discipline and social norms
S3	ATTITUDE	Demonstrating a responsible attitude towards work in the field of expertise independently, full of fighting spirit, with a humanitarian spirit
Learning Outcomes		
KU1	GENERAL SKILLS	Able to work and be responsible for work in the field of profession to increase self-capacity in accordance with competency standards and professional code of ethics
KU2	GENERAL SKILLS	Able to lead and cooperate in developing networks with other professions for the development of organizational strategic programs in solving problems in the health sector
KU3	GENERAL SKILLS	Able to analyze data and information in making decisions independently, critically, systematically and creatively for the purposes of developing work results and solving health problems globally
KU4	GENERAL SKILLS	Able to communicate thoughts/arguments or innovative works that are useful for professional development, which can be accounted for scientifically and ethically to the public, especially the professional community
Learning Outcomes		
P1	KNOWLEDGE	Able to apply biomedical sciences, humanities, clinical medicine, public health as well as the concept of al-Islam and Kemuhammadiyah in analyzing health problems holistically and comprehensively
P2	KNOWLEDGE	Determine diagnosis, management and prognosis based on clinical data, scientific evidence, rational investigations and availability of resources for decision making
P3	KNOWLEDGE	Applying the principles of handling and managing facilities and resources in cases of medical emergencies and disasters
P4	KNOWLEDGE	Analyzing the concept of medical education, curriculum development and assessment methods in education or analyze management concepts according to Islamic sharia in planning, organization, control and decision making
P5	KNOWLEDGE	Applying research methods with the results of conceptual and scientific critical thinking
Learning Outcomes		
KK1	SPECIAL SKILL	Able to listen actively, explore and exchange information verbally and non-verbally with patients of all ages, family members, society, colleagues and other professions in a polite, good and right way

KK2	SPECIAL SKILL	Able to increase self-potential in mastering information, cutting-edge technology and language skills that are highly competitive in medical practice globally
KK3	SPECIAL SKILL	Able to perform clinical procedures related to health problems based on the latest scientific foundations by applying Islamic principles and the safety of patients, themselves and others
KK4	SPECIAL SKILL	Able to manage individual and community health in a complete, comprehensive, holistic and sustainable manner
KK5	SPECIAL SKILL	Able to apply professionalism and interpersonal relations in handling and educating emergency cases and disasters
KK6	SPECIAL SKILL	Able to perform mahdhah properly

The following **curriculum** is presented:



Life Long Learning	Islamic Ethic
Basic Research Methods	Applied Research Methods
Basic Clinical Skills	Applied Clinical Skills
Basic Bioethical	Applied Bioethical
Basic Behavioral	Applied Behavioural
Basic Biomedical	Applied Biomedical