



ASIIN Seal Accreditation Report

Bachelor's Degree Programme
Ba Medicine

Medical Doctor Programme
MD Medicine

Provided by
Universitas Gadjah Mada

Version: 20 December 2023

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A About the Accreditation Process

General Data

Website of the Medical School	https://fkkmk.ugm.ac.id/eng/education/medicine-program/
Faculty/Department offering the Degree Programme	Faculty of Medicine, Public Health, and Nursing Universitas Gadjah Mada, Yogyakarta, Indonesia
Name of the degree programme (in original language)	Program Studi Kedokteran
(Official) English translation of the name	Medicine Program

Certification Subjects	
Submission of the final version of the self-assessment report: 28.02.2023 Date of the onsite visit: 04./05.07.2023 at: Faculty of Medicine, Public Health and Nursing UGM	
Peer panel: Prof. Dr. Bernhard Fleischer, Bernhard-Nocht-Institute for Tropical Medicine Yannick Eller MD FESCO AFAMEE, University of Dundee Dr. Hanna Mutiara, University of Lampung David Nugraha, Universitas Airlangga	
Representative of the ASIIN headquarter: Sascha Warnke	
Responsible decision-making committee: Accreditation Commission for Degree Programs	
Criteria used: European Standards and Guidelines as of 15.05.2015 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 ¹	d) Mode of Study	e) Double/Joint Degree	f) Duration	g) Credit points/unit	h) Intake rhythm & First time of offer
Medicine	S.Ked / B.Sc.	Medicine	6	Full time	-	7 Semesters	165 CSU equals to 249,51 ECTS	Once per year from February to June, since 1946
Medicine	Dokter (dr) / MD (Medical Doctor)	Medicine	7	Full time	-	4 Semesters	44 CSU equals to 117,33 ECTS	Once per year from February to June, since 1946

For the Bachelor's degree and MD program Medicine the institution has presented the following profile in the self-assessment report:

„Our program produces competent medical doctors in Indonesia aligned with the Indonesian Medical Doctor Standard of Competencies and the Indonesian National Standard for Medical Professional Education issued by the Indonesian Medical Council. These Standards of Competencies have been developed to support the needs of the national health system. Our program produces medical doctors capable of working as primary care physicians in various settings of primary care level, such as Puskesmas, hospitals, and private clinics. Our graduates may also opt for working in the Ministry of Health office, or district health offices, as well as in various organizations such as the military service, educators, researchers, NGOs, bureaucrats, and entrepreneurs.“

¹ EQF = The European Qualifications Framework for lifelong learning

C Analysis and Findings of Peers

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome
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Evidence:

- Self-assessment report
- Document of Curriculum – Medicine UGM, FMPPH
- Webpage: <https://fkkmk.ugm.ac.id/eng/education/medicine-program/>

Preliminary assessment and analysis of the peers:

The two study programs under review here are a Bachelor's degree as well as a consecutive MD program in Medicine. Both are taught at the Faculty of Medicine, Public Health, and Nursing at Universitas Gadjah Mada (UGM), situated in Yogyakarta, Indonesia. Despite them being two separate programmes, they are generally considered to be one programme by staff and students, comprising an "academic phase" as well as a "clinical rotation". The faculty is the oldest medical faculty in Indonesia, continuously offering a Medicine Program since March 5, 1946.

Currently the university is home to 18 faculties with 68 undergraduate programmes There are over 55,000 students enrolled at the university as of 2022.

The vision of the study programs is "to become an innovative and internationally recognized medical school and serve the interest of the nation and humanity with the support of professional and integrated human resources inspired by the nation's cultural values based on Pancasila."

To achieve these goals the university has formulated nine missions as follows:

- 1) Implementing competency- based medical education following the Indonesian Medical Doctor Standard of Competencies (SKDI), which refers to the educational goals of UGM
- 2) Developing medical education programs that allows graduates to compete at the international level
- 3) Implementing an educational atmosphere that has integrity, academic discipline, and manners

- 4) Applying and developing the concept of family medicine and multi-professional collaboration in the education curriculum
- 5) Developing innovative learning media by utilizing IT advances
- 6) Carry out excellent, innovative, and valuable research in order to take part in advancing public health
- 7) Implementing devotion and service to the community that is useful for advancing public health
- 8) Fostering partners with relevant institutions, both local and international
- 9) Developing independence in student admissions.

The outcomes of the two consecutive study programs are postulated by the university as follows:

Area of Noble Professionalism

1. Having faith in God The Almighty
2. Possessing qualities of moral, ethical, and discipline
3. Conscious and abiding by the law
4. Being insightful of social and cultural affairs
5. Conduct professional behaviour

Area of Introspection and Capacity Building

6. Performing self-introspection
7. Implementing lifelong learning
8. Expanding knowledge

Area of Effective Communication

9. Communicating between patients and their families
10. Communicating between working partners
11. Communicating between stakeholders and societies

Area of Information Management

12. Assessing information and knowledge
13. Effectively promoting information and knowledge to health care professionals, patients, societies, and related parties to enhance the quality of health services

Area of Scientific Medical Sciences

14. Applying current biomedical science, humanitarian science, clinical medical science, and public health science/preventive medicine/community medicine to manage health problems holistically and comprehensively

Area of Clinical Skills

15. Performing diagnostic procedures

16. Performing holistic and comprehensive management

Area of Health Problem Management

17. Implementing health promotion at individual, family, and community levels

18. Implementing prevention and early detection of health problems at individual, family, and community levels

19. Performing health problem management at individual, family, and community levels

20. Empowerment of and collaboration with communities to achieve health improvement

21. Managing resources in an effective, efficient, and sustainable manner in the health problem resolution

22. Applying specific health policies that are high priorities in each region in Indonesia

Area of Local Competences

23. Perform medical emergency

24. Manage disaster preparedness

25. Manage community and family health problems inter-professional

26. Perform more confidently as a professional based on his/ her interest in medicine (provided in elective blocks, consisting of 19 modules).

In general, the mission, vision, and the learning outcomes are well composed according to the experts. They complement each other and are integrated into the construction of the curriculum. The assessors did not find any issue with the learning outcomes.

Criterion 1.2 Participation in the formulation of mission and outcomes

Evidence:

- Self-assessment report

Preliminary assessment and analysis of the peers:

According to the self-assessment report, the faculty includes both internal and external parties to the formulation of mission and outcomes. Participants from the university include lecturers, students, faculty members, and support staff, all departments and units under the Faculty of Medicine, Public Health, and Nursing. The external stakeholders are graduates/alumni as well as members of the central and local Ministry of Health Office, teaching and affiliated hospitals, specialist colleges, Indonesian Medical Council (Konsil Kedokteran Indonesia/KKI), Association of Indonesian Medical Education Institution (Asosiasi Institusi Pendidikan Kedokteran Indonesia/AIPKI), Indonesian Medical Association (Ikatan Dokter Indonesia/IDI), and ASEAN university networks (AUN) assessors.

All stakeholders obtain data on the latest development in the medical field, performance of undergraduates as well as criticisms and suggestions for the missions and outcomes. They discuss these points during curriculum evaluations, the faculty-level strategic planning meetings, and the Medicine Program strategic planning meetings.

During the audit, both internal and external stakeholders confirmed their participation in the formulation of the mission and outcomes. The expert panel agrees that the participation of these different groups is sufficient.

Criterion 1.3 Institutional autonomy and academic freedom
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Evidence:

- Self-assessment report

Preliminary assessment and analysis of the peers:

The Medicine Program has, by law, a curriculum based on the Indonesian Medical Doctors' Standards of Competencies. The curriculum needs to be evaluated every five years, a process that involves internal and external stakeholders. Just as described above, internal stakeholders include, among others, teaching staff, students, and graduates; and external stakeholders are composed of representatives of the Ministry of Health, various health offices, hospitals and the private sector.

The faculty evaluates the curriculum regularly to synchronise it with the latest developments in the medical field. Smaller changes to the curriculum can be changed with only internal stakeholders present.

The expert panel did not find any qualms with the institutional autonomy and academic freedom.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

Evidence:

- Self-assessment report
- 2020 curriculum

Preliminary assessment and analysis of the peers:

The study programme consists of two curricula that need to be absolved by students to receive the title of Medical Doctor: 7 semesters are needed to achieve a Bachelor of Science degree and an additional 4 semesters to be awarded the title of Medical Doctor, equivalent to an EQF level of 7. The former is generally considered the “academic phase” while the latter is regarded as a “clinical rotation,” focussing heavily on the practical work of a medical doctor. While both study programmes are independent, they are often treated as a continuous programme. The model of the curriculum in general is based on the SPICES model, the main characteristics being:

- Student-centred [all over, the modules are designed to alleviate student-centred learning; students are invited to actively take part in the evaluation and design of the curriculum],
- Problem-based [the approach of the program aims at problem-based learning to ensure that learning is contextual, constructive, self-directed, and collaborative],
- Integrated [the contents of the curriculum are arranged in a way that the themes of each phase are well covered],
- Community-based [students take part in two community-based education courses, one in community and family health care and one in a student community service (KKN)],
- Electives [the students have some freedom to develop and expand upon their on expertise and interest in elective programs in intraschool, inter-university, and international institutions], and
- Systematic [the individual parts of the curriculum are planned in a way that guarantees a sensible foundation].

The curriculum is designed from simple to complex. The beginning of the medical program lays a robust foundation that is constantly expanded throughout the later semesters. This way, students first learn about physiological processes, simple individual health problems, mostly in a horizontal integration, to pathological processes and complex, community-wide problems in clinical sciences. More precisely, the curriculum of

2020 is subdivided into four phases. In the first phase the students receive 18 months of foundations in medicine and a gradual transition to the practice. The second phase consists of complaints and diseases. Then four six months the professional competencies are strengthened. There, the academic phase culminates in a thesis, which is needed to receive a Bachelor's degree and to progress into the clinical rotation. In this fourth part of the study programme, the students take part in the clinical rotation for two years.

The experts liked the structure of the curriculum and deem its structure to sufficiently elaborate teaching the students all necessary parts of being a medical doctor. The curriculum includes practical work in different stations which is seen as a positive. Furthermore, the curriculum is stringent and easily comprehensible for students. The auditors found no issues with the curricula and their structure.

Criterion 2.2 Scientific method

Evidence:

- Self-assessment report
- Module handbook

Preliminary assessment and analysis of the peers:

The scientific method and evidence-based medicine seem to be implemented within several modules of the curriculum. In the fourth semester the students learn about "Basic Medical Practice" and in the fifth and sixth semester they are taught about "Research". After the research block the students are encouraged to conduct their own studies which culminates in their final thesis. Furthermore, there is a longitudinal block between the third and seventh semester in which the students learn about evidence-based medicine, critical appraisal and their research project, called skripsi.

During the clinical rotation the students keep in contact with medical research by means of reading journals, doing morning reports and case reflections as well as clinical tutorials and bedside teaching.

The expert panel did not find any qualms with the implementation of the scientific method in the study programs.

Criterion 2.3 Basic Biomedical Sciences

Evidence:

- Self-assessment report
- Module handbook

Preliminary assessment and analysis of the peers:

As mentioned in 2.1, the curriculum consists of four phases. In the first phase students are taught foundational knowledge in medicine. During these 18 months, the students learn system-based: The subjects in question are locomotor, gastrointestinal, cardiorespiratory, genitourinary and reproductive, neural, hemato and immune systems. These subjects are taught using a variety of teaching methods, among them face-to-face and integrated lectures, panel and small-group discussions, laboratory practical sessions and tutorials.

The integration of the basic biomedical sciences is sufficient according to the experts.

Criterion 2.4 Behavioural and social sciences and medical ethics

Evidence:

- Self-assessment report
- Module handbook
- Expected learning outcomes

Preliminary assessment and analysis of the peers:

There are several modules about behavioural and social sciences as well as medical ethics and jurisprudence taught throughout the academic phase and clinical rotation. As with the whole curriculum, these subjects are taught in phases from simple to complex. During their first year, the students are introduced to topics such as medical humanity and professionalism, bioethics and medicolegal studies. Further modules focus on civics, religion and Pancasila.

In the 2020 curriculum, there are longitudinal blocks in the first three years with emphasis on social sciences and medical ethics, namely “Bioethics and medicolegal,” “leadership,” “health promotion,” and “prevention.” This is also inscribed in learning outcome 14: “Applying current biomedical science, humanitarian science, clinical medical science, and public health science/preventive medicine/community medicine to manage health problems holistically and comprehensively.”

All in all, the experts are content with the variety of modules on behavioural and social sciences and medical ethics.

Criterion 2.5 Clinical sciences and skills

Evidence:

- Self-assessment report
- Module handbook
- KKN website: <https://kkn.ugm.ac.id/>

Preliminary assessment and analysis of the peers:

During the academic phase, students begin practicing clinical skills and gather practical experience in skills labs. They take part in forum group discussions in which they are presented clinical cases to analyse. The faculty makes use of mannequins and simulated patients to teach clinical skills under guidance of an instructor. The skills to achieve include communication with patients and their relatives, providing education, physical examinations and prescription writing.

In the clinical rotation the students take part and work in 14 clinical departments. In each one, the students have orientation and debriefing lectures, intra-departmental clerkship, and delivery to district educational network hospitals. At the end of each part of the rotation the students undergo knowledge exams and objective clinical examinations (OSCE). Since this part of the study programmes takes part in actual health facilities the students have direct contact with patients. In this setting they are taught directly the expected competences of general practitioners, the theoretical background of which they have acquired during the academic phase. The students are supported by means of scientific discussions with clinical supervisors to receive feedback and mentoring.

Lastly, the students are to take part in a community service (called KKN), in which they perform medical duties for 8 to 12 weeks in their community, for example in areas in Indonesia that do not have easy access to medical advice. During the KKN students from the program cooperate with students from other faculties which gives the students an insight into other professions.

The experts did not voice any concern about the clinical science and skills. There was a discussion about the KKN, because it is a little late within the curriculum, especially in comparison with other programs. The experts suggested that the KKN could be made part of the academic phase to accustom the students with the daily work of a medical doctor. The program directors explained, however, that there is a certain expectation of the community when it comes to medical students during the KKN. They are expected to already have acquired enough medical knowledge to advise and treat patients. Since the students during the academic year cannot do that yet and the KKN is supposed to have a positive effect on the community, the program coordinators decided to integrate the community service into the practical phase of the curriculum. By then, students will be ready to advise patients. This explanation convinced the auditors about the necessity of the KKN to be later in the curriculum.

Criterion 2.6 Curriculum structure composition and duration
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Evidence:

- Self-assessment report
- Curriculum book
- Documents on clinical rotation phase

Preliminary assessment and analysis of the peers:

The structure of the curriculum is divided into two parts. Firstly, an academic phase of seven semesters and, consecutively, a clinical rotation phase of four semesters. The academic phase consists of a one-year timeframe in which the basics of medicine are taught and an adaption from theoretical knowledge to practical work as a practitioner. Modules are structured into six-weeks blocks. The curriculum in the academic phase is designed as a spiral, in which the foundations of the first year are repeated with a focus on diseases and complaints in the second year and, again, in third year with the emphasis being put on professional competences. To provide opportunities for self-development, add insight and experience, and other knowledge beyond what is learned in a structured curriculum, at the end of the seventh semester, an elective block is provided with a load of 6 credits for six weeks. These electives include practical work, studying abroad or taking courses in other faculties at UGM. The academic phase then culminates in a research thesis and a Bachelor of Medicine.

During the clinical rotation phase the students take part in clinical work in several departments of health facilities. The work in each department varies between two and ten weeks. The clinical rotation terminates with a national exam, the passing of which gives graduates the opportunity to practice medicine.

The assessors did not find any room for criticism for the curriculum structure. They welcome the spiral design which helps to consolidate knowledge by repetitive learning.

Criterion 2.7 Programme management

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The programmes at hand are chaired by a Head of the Study Program and a Secretary. They are assisted by several committees and teams. A curriculum committee consists of representatives from basic medical science, clinical science, medical education, public health, and students. Further representatives or other stakeholders may be involved if necessary. The regulations about the curriculum committee are prescribed by the government. The

committee has regular meetings up to twice a week to discuss progress and to evaluate implementations of the blocks.

At the end of each block, there are routine evaluations. Further evaluations are performed by the quality assurance team, among them internal quality audits. Lastly, assessments, exams, their quality and coordination are planned by the Assessment Committee.

The assessors deem the quality management for the two programmes sufficient. They welcome such a well-structured and high quality programme management.

Criterion 2.8 Linkage with medical practise and the health sector

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As was already mentioned the curriculum committee consists of several representatives from the medical practice and the health sector. They have influence on planning, changing, and maintaining the curriculum.

The students are linked with the medical practice and the health sector early-on. In the academic phase, the students are taught several blocks in which they visit health institutions: in block B.5 they learn about the Indonesian health care system and visit hospital management. In Block C.5 they conduct field visits to hospices and nursing homes, and in Block D.1 they visit emergency rooms in hospitals to understand their structure.

The connection with medical practise and the health sector is recognized by international institutions under the network towards unity for health since 2021.

3. Assessment of Students

Criterion 3.1 Assessment methods

Evidence:

- Self-assessment report
- Assessment sheets
- Discussions during the audit
- Module handbooks
- Regulations for exams

Preliminary assessment and analysis of the peers:

In the medicine programmes at hand the following methods of assessment are employed:

- Written test
- Performance
- Practical session
- Tutor rating
- Objective structured clinical examination (OSCE)
- Progress test
- Thesis
- Case reflection
- Mini CE
- DOPs
- OSLER
- Oral exams

In the academic phase, all blocks end in an examination in written form. Questions in these tests are derived from lectures, tutorials, practical sessions, and materials from clinical skills training. The examinations are delivered by a computer-based test and are mostly written examinations in the form of multiple choice questions or extended matching questions.

At the end of every year and in the seventh semester the students are subjected to an OSCE, in which their clinical skills are assessed. The cases in each OSCE reflect the sets of skills that have been acquired throughout the year.

The professional behaviour of all students is assessed by the academic community through observation. During a tutorial, the professional behaviour is part of the formative assessment which is formulated into an individual student record. Poor professional behaviour in a student results in guidance by a professional behaviour committee.

Lastly, there is a progress test in which all students take part with the same questions for all batches. The results of these tests are used as sole feedback to the students to show their strengths and weaknesses in understanding the learning outcomes. Students of the academic phase need to take part in these progress tests six times.

In the clinical rotation phase there are assessments at each department and a final examination. There are several possible assessments in each department, ranging from logbooks and tutorials to case reflection and multiple choice tests. The final examination is usually an OSCE. As with the academic phase, the professional behaviour of the students is assessed, too, during the clinical rotation.

In case students miss an examination they may retake it whether or not they have a valid reason to do so. However, if students are absent for reasons other than illness or a family emergency their final grade will be capped at A/B, i.e. a perfect score is no longer possible. If students fail the remedial examination they can take a second examination the score for which will be capped at a B+.

During the audit the assessors were satisfied with the assessment forms and their level of difficulty. The students appeared academically challenged but without being overwhelmed by the exams and their frequency. The assessors saw some room for improvement regarding the OSCE. For one, it appears that failing an OSCE does not feature the same possible remedial exams as do written examinations. This would mean that failing a station within an OSCE examination might result in a delay for students. Since the nature of OSCE should be pre-exam formative and exam-summative, failing an OSCE should not result in a delay for the students.

Furthermore, regarding the simulation-based teaching the assessors recommend to regularly reconfirm the proficiency of simulation teachers in the technique of simulation in accordance to overall educational Faculty Development ongoings. Lastly, the experts want to put emphasis on the pre-briefing of simulation-based education. Not having witnessed how pre-briefing is performed at Universitas Gadjah Mada, they recommend to pay special attention pre-briefings according to evidence and best practice.

Criterion 3.2 Relation between assessment and learning

Evidence:

- Self-assessment report
- Module descriptions
- Regulations for exams
- Discussions during the audit

Preliminary assessment and analysis of the peers:

In general, the assessment of the students' learning process is in line with the learning outcomes of the curriculum and the respective blocks. The people responsible for the study programmes have formulated a comprehensive list, in which they compare the various assessment methods employed with the learning outcomes. In it, it appears that the programme coordinators try to make use of various methods of assessment and match them with learning outcomes and the general work of a medical doctor to generate a varied learning experience for the students.

The Relation between assessment and learning did not pose any issue to the auditors, but they recommend to include entrustable professional activities (EPAs) into the study programme.

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

In their statement, the university clarifies that failing an OSCE in the first, second, or third year results in timely remediation exams, that can be performed simultaneously to the following semester. The seventh and last semester in the Bachelor's degree offers remediation exams, too. Since the OSCE is one of the requirements for the completion of the undergraduate degree, the study program is designed for the students to undergo more training before re-taking the OSCE. This should ensure that the students obtain time and feedback on their skills to enhance their competence as a medical professional. The expert team welcomes this explanation, which shows that the time loss for students is considered and constantly mitigated. Since the Bachelor's degree and the clinical rotation are intertwined at UGM the experts recommend to consider if there exists a way to prevent a time loss even for students who fail an OSCE in the seventh semester.

Regarding the pre-briefing of simulation-based education, the university provides evidence that they conduct regular training for instructors, focusing on simulation facilitation techniques, including briefing and debriefing. The assessors welcomed this explanation and look forward to evidence regarding pre-briefings.

4. Students

Criterion 4.1 Admission policy and selection

Evidence:

- Self-assessment report
- Admission regulations
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Student admission is possible via three routes at UGM. Two of them, the National Selection of Government Universities (SNMPTN) and the National Joint Selection of Government Universities (SBMPTN) are regulated by the government. The third option, the University Intake (UM-UGM) is regulated directly by the university. The national selection procedures have an admission quota of 30% each and the UM-UGM is responsible for the remaining

40%, with an annual intake of about 250 students. The quotas are regulated by the government.

The two national admission policies differ in what achievements of the students is taken into account. For the SNMPTN, the achievements and portfolios, e.g. extracurricular activities, are considered for admission; for the SBMPTN several tests are performed to assess the general knowledge, competencies, and English skills. Lastly, the UM-UGM route consists of several computer-based tests and face-to-face interviews.

The general admission regulations for Indonesian candidates are a graduation within the last three years before admission and a maximal age of 25 and an Indonesian high school qualification or A-level/IB qualification, which Biology and Chemistry being compulsory subjects. Overseas candidates must not be older than 25 on the date of admission. They need either of the following qualifications: a foundation programme, A-level or similar qualifications; an STPM qualification with a minimum CGPA of 3.00 or 3B for science subjects; a pre-medical qualification with a minimum CGPA of 3.00. Lastly, proof of extracurricular engagement (sports, arts) is accepted. There is a 10% quota blocked for international students for the Medicine Programme. Generally, candidates must not be colour blind.

During the audit, the experts agreed with the general procedure of student admission. The assessors were unsure about the benefits of barring colour-blind students from becoming a medical doctor, seeing no disadvantages in colour-blindness either during the studies or as a medical doctor. A discussion revealed that this discriminatory regulation is outdated and will be deleted in a future rework of the admission regulations. The auditors welcome this change and look forward to the evidence.

Criterion 4.2 Student intake

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The student intake for the medical programme is about 250 students a year. As was already mentioned there are three routes to take in for admission, each route focussing on different aspects of the prospective student's academic career. The minimal quota for student who apply via the SNMPTN and SBMPTN is annually evaluated and adapted by the government. In 2020, there were around 3500 applicants, 250 of which were accepted into the medical programme.

The auditors did not find any issue with the student intake at UGM.

Criterion 4.3 Student counselling and support
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Evidence:

- Regulation on student assessment
- Self-assessment report
- Discussion during the audit

Preliminary assessment and analysis of the peers:

The support of students of the Medicine programme happens at several levels at the Faculty of Medicine, Public Health and Nursing at UGM. The performance of students is monitored closely to give an individual “first year evaluation.” If the evaluation uncovers deficiencies, the student in question receives counselling to have a more systematic and structured study plan going forward. Students with serious deficiencies, i.e. those that might struggle with the job of a medical doctor, are also helped with looking into other degree programmes. This way, students can reconsider early-on if the medical programme is actually the right career path for them. Another such evaluation is performed after the second year.

Apart from the assessments within the programme, the Faculty strengthens the cooperation between faculty staff, students, as well as parents. In order to avoid misunderstandings, the programme coordinators are keen on communicating openly to assist students in their studies.

Every student gets assigned an academic advisor, a member of the faculty who tracks the process of ten students and mentors them if necessary. Students and their advisors get together after block exams and by appointments. The academic advisors are responsible for a student’s academic planning, learning strategy, campus activities as well as personal problems.

Lastly, the university offers psychological services where the students can get counselling from trained personnel. Furthermore, the university offers webinars about current topics in mental health, such as stress management, and quarter-life crisis.

During the audit, the assessors complimented the thorough support the students receive both from a faculty and a personal level. The relationship between students and staff appears very familial and especially the students were very content with the amount of time they spend with their advisors. For the staff, this amount of care obviously co-occurs with a high workload, but it was never described overburdening. The psychological service at

university level, however, did mention a high influx of students who have made use of counselling in recent semesters. According to their assessment, this spike was due to the COVID-19 pandemic and the difficulties that came with it. All in all, the auditors did not take any issues with the student support system.

Criterion 4.4 Student representation

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Students are well-integrated into the continuous improvement of the medical programmes under review here. There is a student executive body that is tasked with evaluating the students' experiences with teaching-learning processes and teaching facilities. They are also part of the planning and design of future curricula.

For every cohort, there is elected one student representative. After elections in the first semester they remain representative during the course of the study.

The assessors judge the involvement of the students in the faculty and its improvement as very positive. They recommend, however, to allow re-elections for the student representatives.

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

As per the academic year 2023/2024, colour blindness no longer restricts prospective students from applying to the medical programme. The assessors are content with this change in administration.

As per the student representation, the university has clarified that the student representatives are elected annually. This seems to have been a miscommunication. The assessors support the re-election of student representatives.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Evidence:

- Self-assessment report
- Discussions during the audit
- Statistical data on student numbers

Preliminary assessment and analysis of the peers:

Employees at Universitas Gadjah Mada can either be government employees, which makes the selection process government regulation, or non-government employees. For the latter, recruitment is performed by the Directorate of Human Recourses in several stages of selection.

Recruitment is performed on necessity, with staff development being planned at the department. In 2020, The number students in the academic phase was 1451. Students in the clinical rotation comprised 660. The ratio of staff to students is 1:9.07 for the academic phase and 1:4.43 for the clinical rotation phase.

Recruitment and selection policy for the study programmes at hand was not a point of concern during the audit. The department is staffed sufficiently according to the experts.

Criterion 5.2 Staff activity and development policy
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Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Throughout the whole university, academic staff needs to fulfil three duties in every semester, i.e., lecturing, researching, and performing community service, called tri-dharma. According to national regulations, there are credits awarded for all activities, which are in turn a necessity for promotion. This way, the general activity in all three branches is secured.

Academic staff competences are regularly developed by trainings and courses which are offered by the faculty. According to the Faculty's strategic plans, there are sufficient funds allocated so that a guaranteed 50% of teachers receive funding or opportunities to enhance their competencies every year. These opportunities encompass trainings, seminars, scientific meetings and international publications. Furthermore, the faculty grants scholarships for formal degree trainings for masters and PhD holders.

The auditors did not take issue with the staff activity and development policy.

6. Educational Resources

Criterion 6.1 Physical facilities
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Evidence:

- Self-assessment report
- Inspection of facilities
- Discussions during the audit
- Documents out the daily use of the medical school that describe the equipment and facilities, e.g. laboratory handbooks, inventory lists, financial plans

Preliminary assessment and analysis of the peers:

For the medical programmes, there are five stories worth of classrooms in the Auditorium building with a capacity of 150-200 students per room, and a smaller room with a capacity of 100 students. The classrooms are all equipped with computers, projectors, and sound systems. There are 40 discussion rooms, laboratories and rooms used for clinical training. The latter rooms can be booked via reservation. The equipment in these rooms are regularly maintained and updated. Their number is adapted to the number of students.

The faculty has its own library, opened Monday through Saturday, where students can consult books, e-books, theses, dissertations, and journals. The library and its databases can be accessed online as well. The library features a discussion room, a reading room as well as a computer lab home theatre. Computer-based testing is performed at the library.

The facilities are being adapted so that students with special needs have easier access to the university buildings. Among them are wheelchair ramps, more spacious bathrooms with handrails, and foot walks with guiding blocks for the visually impaired. Building under construction are designed with people with special needs in mind. Finally, the university is paying attention to a balanced campus life by providing amenities for sports (e.g. a basketball court and a jogging track) and arts (e.g., a music studio and provision of musical instruments).

The assessors were content with the facilities and their equipment. The faculty gave the impression that all equipment is well maintained and facilities are specific to the students' needs. They welcome the consideration of students with special needs.

Criterion 6.2 Clinical training resources
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Evidence:

- Self-assessment report

- Inspection of the facilities, including hospital and puskesmas
- Discussion during the audit

Preliminary assessment and analysis of the peers:

At the faculty, there is a skill lab building, which consists of 35 rooms. The building is used to train skills ranging from communication to clinical skills, making available the necessary equipment.

In the proximity, there are two hospitals, 14 satellite hospitals, and 18 puskesmas (community health centres) which are affiliated with the faculty. In these facilities the students get used to the work environment of medical doctors and perform their clinical rotation during the professional phase.

The assessors find that the skill labs at the university and great array of hospitals give the students enough input about clinical training to work as a medical doctor.

Criterion 6.3 Information technology

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

All rooms and facilities on campus are connected to the internet both via WiFi and LAN. The faculty has several information systems that are used for the medical programme. Among them are an Academic Information System, an Academic Data Information System, and an e-learning platform called Gamel. The latter is used by staff and students and contains lecture material and messaging features among students and between staff and students. This is also where assignments are submitted.

The assessors consider the level and use of information technology in the programmes adequate.

Criterion 6.4 Medical research and scholarship

Evidence:

- Self-assessment report
- Research agenda (2016-2025)
- Discussion during the audits

Preliminary assessment and analysis of the peers:

Medical research and science is the foundation of the educational curriculum at the Faculty. In the current research agenda the faculty focusses on “fitness, ageing, and a healthy

lifestyle” as well as “prevention, diagnostics, medical intervention, and public health to improve service quality.” This research agenda is valid until 2025.

In order to receive a bachelor’s degree, it is compulsory to write a research thesis for every student. The topics can be chosen quite freely between basic medical science, clinical science, public health, and medical education, with academic approaches being either quantitative or qualitative. Before a thesis can be written, students need to write a proposal, which is evaluated by a thesis reviewer team. During the academic phase, there are several modules in which independent scientific work is taught and promoted (e.g., Basic Medical Practice, and Research). Student research is also furthered by so-called Olympiads, competitions on a national level in which students may hand in their research.

As was already mentioned the staff does research as part of their work at university. Most of the research being performed is to improve teaching content and quality. Currently, the focus of research lies on the learning material provided by the lecture.

The assessors found the integration of research into the curriculum to be adequate. The theses provided fulfilled all requirements for academic writing. The assessors are content with the medical research as conducted by staff and students.

Criterion 6.5 Educational expertise

Evidence:

- Self-assessment report
- Student satisfaction survey
- Discussion during the audits

Preliminary assessment and analysis of the peers:

The Medicine Programme gets its educational expertise both internally and externally. As was already mentioned, the improvement of teaching quality and medical education is being researched by the staff. Several departments at the faculty (among the Medical Education and Bioethics) focus on these subjects and play critical roles in the faculty development by training lecturers, writing and designing exam questions and giving feedback to students. Training is conducted every semester which some courses being compulsory. The university also provides training, e.g., training of young lecturers, in which educational quality is improved.

The expertise of the lecturers is routinely surveyed in student questionnaires. While these questionnaires show a general satisfaction (mostly, 80%-90% are content or very content), criticism is analysed and used to improve the programme.

The assessors did not have any issues with the educational expertise. During the audit, the students were satisfied with the lectures and lecturers. The experts welcomed the surveys and how seriously the academic staff takes the feedback.

Criterion 6.6 Educational exchanges

Evidence:

- Self-assessment report
- List of overseas agencies with collaborations
- Discussions during the audit

Preliminary assessment and analysis of the peers:

There are offers for both staff and students to perform exchanges nationally and internationally. Currently, there have been 64 agencies cooperating with the Medicine Programme at UGM, among them universities, faculties, and hospitals. The Medicine Programme offers student exchanges, joint research, conferences, guest lectures and workshops. The university allows overseas students to study at UGM and students from the Medical Faculty to study at a partner university with credit transfer.

The assessors welcomed the amount of overseas universities that partner with UGM and the Medical Programme. The structure of both staff and student exchange appears well thought-out. However, since students are not financially supported when abroad, it might be worth to consider less affluent students.

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The study programmes are evaluated internally and externally. Internal evaluation is performed regularly and incidentally. All areas are assessed internally, among them the modules, students' progress, curriculum, alumni, etc. To do so, they hand out questionnaires or perform interviews with students and staff of the faculty and affiliated health centres to analyse. They also analyse the progress by assessing the learning process to deduce the

quality of the programme. Furthermore, they perform tracer studies with alumni. Externally, the programme is being accredited regularly by an independent government body every five years.

The curriculum is reviewed in its entirety every five years. As was explained earlier, the curriculum development involves the faculty and its teachers, students, as well as external stakeholders, such as hospitals and other employers.

The assessors found the quality of the programme evaluation thorough and satisfactory. During the audit, it appeared that the programme coordinators take feedback and its analysis seriously as a means to improve the quality of the programmes.

Criterion 7.2 Teacher and student feedback

Evidence:

- Self-assessment report
- Sample questionnaire
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As was already mentioned the students are asked to evaluate each block at the end of a semester in the form of satisfaction questionnaires. The questionnaires include questions about the contents of the courses, their structure, and their interconnectedness to the study programmes.

The teachers receive feedback on their courses. During the audit, the assessors found that virtually all feedback is in written form and anonymous. While this is indubitably a reliable measure of satisfaction – and should therefore be upheld in its current quality – the assessors want to recommend teachers to encourage open discussions to get a more dynamic understanding of their performance in the classroom. Other than that, the feedback loops seem well thought-out and closed appropriately in theory.

Criterion 7.3 Performance of students and graduates

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The progress of each cohort is continuously tracked by evaluation of the grades. Additionally, each student is evaluated by their academic advisor, who is also responsible for coun-

selling. After the second, fourth, and seventh semester the students are evaluated according to their academic progress and their professional behaviour. For graduates, the faculty performs tracer studies and stays in contact with employers.

As was already mentioned, the evaluation of students seems thorough. The analyses are performed to help students and to improve the programme. The auditors agree with the methods of evaluation regarding performance of students and graduates.

Criterion 7.4 Involvement of stakeholders
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Evidence:

- Regulations about quality management, documents describing the evaluation processes
- Sample surveys
- Documents describing the involvement of external stakeholders

Preliminary assessment and analysis of the peers:

The external stakeholders of the faculty include representatives of hospitals, primary care centres, health offices, the Ministry of Health and of Education and Culture, deans of other medical schools and the Social Health Insurance Administration Body. Further stakeholders include regional government officers, directors of non-government organisations, entrepreneurs, the military and police department, an alumni association as well as parents of students. The stakeholders are given surveys and take part in focus group discussions to shed light on moral and ethical integrity, expertise in their profession and in foreign language, use of technology and information and soft skills such as communication, teamwork, and leadership abilities. Answers from stakeholders are integrated into the redesign of the curriculum that is conducted every five years.

During the meeting with the stakeholders, the auditors were convinced by the enthusiasm of the external partners of the study programmes. It became clear that both praise and criticisms were heard by the faculty and implemented accordingly. The stakeholders who are taken into account are varied and from a great amount of related professions and their feedback is welcome. The assessors do not see any issue with the involvement of the stakeholders.

8. Governance and Administration

Criterion 8.1 Governance

Evidence:

- Self-assessment report
- Discussion during the audit

Preliminary assessment and analysis of the peers:

The Medicine Programme, despite being part of the Faculty of Medicine, Public Health and Nursing, is independent in preparing annual work plans and budgets. The Head of the Study Programme is responsible for managing the study programmes according to regulations, carrying out the learning process according to the curriculum and for carrying out the quality assurance process. The Head is assisted by a Secretary and is in contact with several secretariats that are responsible for parts of the study programmes, e.g., Finance, Implementing Blocks, Lecture Rooms, etc. The governance of the study programmes is regulated by the five aspects of credibility, transparency, accountability, responsibility, and justice.

The auditors did not find any issues with the system of governance.

Criterion 8.2 Academic leadership
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Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The leadership system in the Medicine Programme is considered a “collegial leadership” that is based on the principle of deliberation, for the sake of implementing an effective education and teaching program. Important materials (curriculum, achievements, competence, vision, and mission) are completed through study program meetings, which emphasize the principles of deliberation and togetherness.

Practical and technical matters are resolved by the Head and Secretary of the Study Programme with assistance granted by the secretariats.

The auditors did not find any shortcoming in regard to the academic leadership.

Criterion 8.3 Educational budget and resource allocation

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The budgeting system of the study programme is integrated following the Academic Decentralisation Administration system. Budgets are planned according to the Standard Cost guidelines of UGM. There is an annual work plan and a respective budget that is adjusted in order to achieve the visions and missions of the Medicine Programme.

The assessors did not find any issues with the educational budget and allocation of resources.

Criterion 8.4 Administrative staff and management
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Evidence:

- Overview of administrative and professional staff
- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Staff recruitment is performed according to a five-year human resource plan which is based on the needs within the study programme and on a faculty level. There is a Human Resource Management System at UGM that offers guidelines for the selection/recruitment system, placement, development, retention, and dismissal of lecturers and supporting staff.

The assessors did not find anything at odds with the administrative staff and management administration. The staffing appeared appropriate so that the lecturers, despite the high involvement in teaching, research, and community service, were not overburdened with work.

Criterion 8.5 Interaction with health sector

Evidence:

- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As was already mentioned there are several parties from the health sector involved with UGM. For the academic phase there are several collaborations with nursing homes, primary

health care facilities, kindergartens and daycares as well as ICU's and emergency departments at hospitals. For the clinical rotation there are several teaching hospitals that collaborate with UGM.

To check that MoU's are complied with on both ends there are monthly clinical planning teams with the teaching hospitals.

During the audit the assessors saw several of the teaching environments. The students appeared well integrated into the structures of teaching hospitals and primary health care centres. According to the assessors the interaction between the medical programme and the health sector is very good.

9. Continuous Renewal

Evidence:

- Self-assessment report
- Discussion during the audit

Preliminary assessment and analysis of the peers:

The continuous renewal of the study programme is part of the regular quality management at UGM as a form of strategic planning. Strategic planning includes a course of action on a faculty level that is re-evaluated every five years. Renewal is based on prospective studies and analyses of local evaluations and medical education literature. Furthermore, it is performed by reviewing the vision and mission, the curriculum, learning outcomes and their interdependencies.

The continuous renewal of all mechanisms within the study programme has become clear to the assessors during the audit. As was discussed earlier, the quality management system is very robust and keen on feedback from different stakeholders. The assessors welcome a continuous renewal process this thorough.

D Additional ASIIN Criteria

Criterion D 1.2 Name of the degree programme

Evidence:

- Self-assessment report

- Structure of the curriculum

Preliminary assessment and analysis of the peers:

The name of the study programmes under review here are “Medicine Program” (or “Program Studi Kedokteran” in Indonesian). The programme’s aim is to train medical doctors with classes offered in Indonesian and English. The name of the degree programme is regulated by the Indonesian government and reflects its purpose as well as the languages of instruction.

The assessors deem the name of the programmes at hand appropriate.

Criterion D 2.2 Work load and credits

Evidence:

- Curricular structure
- Self-assessment report
- Discussion during the audit

Preliminary assessment and analysis of the peers:

The credit point system in the programmes under review is based on the Indonesian National Higher Education Standard which states that 1 CSU (Semester Credit Unit) consists of 170 minutes of work, separated into 50 minutes of classroom meetings, 60 minutes of self-study and 60 minutes of independent work.

The curriculum of the academic phase consists of 165 CSUs, including all blocks, practical work and the thesis, which translates to 249,51 ECTS. The clinical rotation phase consists of 46 CSU, which translates to 117,33 ECTS.

While the workload is quite high the assessors did not find the workload to be overburdening, as became obvious during the meetings with the students. The credit point system in itself is robust.

Criterion D 3 Exams: System, concept and organisation

Evidence:

- Self-assessment report

- Skripsi guidelines
- Module handbook
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Every block during the academic phase and clinical rotation is terminated with some sort of examination. The forms of examination are, as was mentioned earlier, quite varied and comprise written tests, OSCEs, and oral examinations.

All students are required to write a final thesis in order to receive a Bachelor's degree after the academic phase. This thesis is supposed to be independent work and contains some form of research, e.g. laboratory or community research, surveying, or a systematic review. At the end of the clinical rotation phase, students will write a national exit exam.

The exams and the final theses appear as satisfactory to the assessors.

Criterion D 5.1 Module descriptions
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Evidence:

- Module handbook
- Self-assessment report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The academic phase of the Medicine programme consists of 20 compulsory modules and around 25 electives. A module is equal to a block. Students will receive student books which contain information about all blocks. These books provide all necessary information about the modules, i.e., the name of the module and the persons responsible, the teaching and assessment methods with workload and credit points, recommended literature and more.

The auditors did not see any issue with the module descriptions.

Criterion D 5.2 Diploma and Diploma Supplement

Evidence:

- Exemplary graduation certificates and diploma supplements

- Self-assessment reports
- Discussion during the audits

Preliminary assessment and analysis of the peers:

Students receive a graduation certificate and a diploma supplement upon graduating from the academic phase. The diploma supplement is bilingual (Bahasa Indonesia and English) and contains all relevant information about the graduate, and the study programme. It includes the learning outcomes, the grade structure and an overview of the higher education system of Indonesia.

The assessors did not find anything to criticise about the documentation that the students receive.

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:

„No additional documents needed“.

F Summary: Peer recommendations (14.11.2023)

Taking into account the additional information and the comments given by UGM the peers summarize their analysis and **final assessment** for the award of the seals as follows:

Degree Programme	ASIIN seal	Subject-specific Label	Maximum duration of accreditation
Ba Medicine	Without requirements	--	30.09.2029
MD Medicine	Without requirements	--	30.09.2029

Recommendations

For all degree programmes

- E 1. (WFME 3.1) It is recommended to structure remedial OSCEs in the seventh in a way that prevents a time-loss for the students
- E 2. (WFME 3.1) Not having witnessed live pre-briefing of simulation-based education, it is recommended to direct future pre-briefing according to evidence and best practice.
- E 3. (WFME 3.1) It is recommended to regularly reconfirm the proficiency of simulation-teachers in the technique of simulation.
- E 4. (WFME 3.2) It is recommended to include entrustable professional activities (EPAs) into the study program.
- E 5. (WFME 6.6) It is recommended to consider less affluent students with the study abroad in the international program.
- E 6. (WFME 7.2) It is recommended to use open discussion as a means to improve the quality of lectures.

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

Technical Committee 14 – Medicine

Assessment and analysis for the award of the ASIIN seal:

The technical committee discusses the procedure and confirms the overall positive impressions of the experts and sees the level of the proposed recommendations (e.g. with regard to OSCE examinations and EPAs) as well as the implementation of the SPICES model as further evidence of the already high standard of the degree programmes under review.

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

Degree Programme	ASIIN seal	Subject-specific Label	Maximum duration of accreditation
Ba Medicine	Without requirements	--	30.09.2029
MD Medicine	Without requirements	--	30.09.2029

Recommendations

For all degree programmes

- E 1. (WFME 3.1) It is recommended to structure remedial OSCEs in the seventh semester in a way that prevents a time-loss for the students.
- E 2. (WFME 3.1) Not having witnessed live pre-briefing of simulation-based education, it is recommended to direct future pre-briefing according to evidence and best practice.
- E 3. (WFME 3.1) It is recommended to regularly reconfirm the proficiency of simulation-teachers in the technique of simulation.

- E 4. (WFME 3.2) It is recommended to include entrustable professional activities (EPAs) into the study program.
- E 5. (WFME 6.6) It is recommended to consider less affluent students with the study abroad in the international program.
- E 6. (WFME 7.2) It is recommended to use open discussion as a means to improve the quality of lectures.

H 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 recommendation of the Technical Commission 14 – Medicine.

The Accreditation Commission decides to award the following seals:

Degree Programme	ASIIN seal	Subject-specific Label	Maximum duration of accreditation
Ba Medicine	Without requirements	--	30.09.2029
MD Medicine	Without requirements	--	30.09.2029

Recommendations

For all degree programmes

- E 1. (WFME 3.1) It is recommended to structure remedial OSCEs in the seventh semester in a way that prevents a time-loss for the students.
- E 2. (WFME 3.1) Not having witnessed live pre-briefing of simulation-based education, it is recommended to direct future pre-briefing according to evidence and best practice.
- E 3. (WFME 3.1) It is recommended to regularly reconfirm the proficiency of simulation-teachers in the technique of simulation.
- E 4. (WFME 3.2) It is recommended to include entrustable professional activities (EPAs) into the study program.
- E 5. (WFME 6.6) It is recommended to consider less affluent students with the study abroad in the international program.

- E 6. (WFME 7.2) It is recommended to use open discussion as a means to improve the quality of lectures.

Appendix: Programme Learning Outcomes and Curricula

According to the diploma supplement the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Bachelor and Medical Master degree programme Medicine:

Area of Noble Professionalism

1. Having faith in God The Almighty
2. Possessing qualities of moral, ethical, and discipline
3. Conscious and abiding by the law
4. Being insightful of social and cultural affairs
5. Conduct professional behavior

Area of Introspection and Capacity Building

6. Performing self-introspection
7. Implementing lifelong learning
8. Expanding knowledge

Area of Effective Communication

9. Communicating between patients and their families
10. Communicating between working partners
11. Communicating between stakeholders and societies

Area of Information Management

12. Assessing information and knowledge
13. Effectively promoting information and knowledge to health care professionals, patients, societies, and related parties to enhance the quality of health services

Area of Scientific Medical Sciences

14. Applying current biomedical science, humanitarian science, clinical medical science, and public health science/preventive medicine/community medicine to manage health problems holistically and comprehensively

Area of Clinical Skills

- 15. Performing diagnostic procedures
- 16. Performing holistic and comprehensive management

Area of Health Problem Management

- 17. Implementing health promotion at individual, family, and community levels
- 18. Implementing prevention and early detection of health problems at individual, family, and community levels
- 19. Performing health problem management at individual, family, and community levels
- 20. Empowerment of and collaboration with communities to achieve health improvement
- 21. Managing resources in an effective, efficient, and sustainable manner in the health problem resolution
- 22. Applying specific health policies that are high priorities in each region in Indonesia

Area of Local Competences

- 23. Perform medical emergency
- 24. Manage disaster preparedness
- 25. Manage community and family health problems inter-professional
- 26. Perform more confidently as a professional based on his/ her interest in medicine (provided in elective blocks, consisting of 19 modules).

The following **curriculum** is presented:

Phase 3: Clinical Rotation – Becoming a Competent Doctor Year 6				Compre Exam 2			
Clinical Rotation							
Phase 3: Clinical Rotation - Becoming a Competent Doctor Year 5							
Clinical Rotation							
Phase 2: Transition from Theory to Practice Year 4: Emergency, Health System & Elective				Comprehensive Examination	Phase 3: Clinical Rotation - Becoming a Competent Doctor Year 4		
Block D.1	Block D.2	Block D.3	CLINICAL ROTATION				
Emergency	Health System & Disaster	Elective					
(6 weeks)	(6 weeks)	(6 weeks)					
• Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 7 • Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) • Learning Skills • Agama							
			O				
	X		X				
Phase 2: Transition from Theory to Practice Year 3: Life Cycle and Diseases							
Block C.1	Block C.2	Block C.3	Block C.4	Block C.5	Block C.6	Holiday	
Conception, Fetal Growth & Congenital Anomaly	Safe Motherhood & Neonates	Childhood	Adolescence & Adulthood	Elderly	Lifestyle Related Diseases		
(6 weeks)	(6 weeks)	(6 weeks)	(6 weeks)	(6 weeks)	(6 weeks)		
• Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 5 • Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) • Learning Skills • Religion • Skripsi			• Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 6 • Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) • Learning Skills • Citizenship • Pancasila • Skripsi				
					O		
	X		X		X		X

Phase 2: Transition from Theory to Practice											
Year 2: Human Body Structure & Function Problem, Basic Medical Practice and Research											
Block B.1		Block B.2		Block B.3		Block B.4		Block B.5		Block B.6	
Chest Problems		Limited Movement & Neurosensory Problems		Abdominal Problems		Sense Organ Problems		Basic Medical Practice		Research	
(6 weeks)		(6 weeks)		(6 weeks)		(6 weeks)		(6 weeks)		(6 weeks)	
- Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 3 - Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) - Learning Skills						- Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 4 - Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) - Learning Skills					
						O					
	X		X		X		X		X		X
Phase 1: Foundation in Medicine											
Year 1: Human Body Structure and Function											
Block A.1		Block A.2		Block A.3		Block A.4		Block A.5		Block A.6	
Being A Medical Students and Locomotor System		Digestive System and Metabolism		Cardiorespiratory System		Genitourinary System		Nerve System & Sense Organs		Blood and Immune System	
(6 weeks)		(6 weeks)		(6 weeks)		(6 weeks)		(6 weeks)		(6 weeks)	
- Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 1 - Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) - Learning Skills						- Community & Family Health Care-Inter Professional Education (CFHC – IPE) (Ethics and Professionalism: Family Medicine) Semester 2 - Basic Clinical Competence (Patient Safety, Evidence Based Practice, Clinical Skills Lab) - Learning Skills					
						O					
	X		X		X		X		X		X

X	Block Examination
V	Progress Test
O	Clinical Skills Exams