

The Evaluation of Curriculum Implementation of Dermatology and Genitals Pathology Faculty of Medicine Christian University of Indonesia

Dr. Dameria Sinaga, Prof. Dr. Basuki Wibawa, Dr. Rusmono

TECHNOLOGY of EDUCATION DOCTORAL PROGRAM, POST-GRADUATE PROGRAM, JAKARTA STATE UNIVERSITY

I. Background

Physician education is the education profession (academic-professional education) which is a unified- whole, as well as any basis in science and a solid foundation of professionalism. In practice, medical education programs are very concerned the nature of the sequential process of understanding and mastery of science and medical technology. In accordance with its nature as an educational profession, there is a professional adjustment period at physician education programs for students in clinical and field learning experiences by using the order of real health care, especially medical services that meet the requirements for the education of physicians.

The new core curriculum is prepared based on an agreed conceptual framework of education, starting from the competence of graduates, with formulation of educational goals disciplines approach as a further elaboration. The eEducation curriculum structure consists of a description of science groups, experiential learning and learning evaluation. This curriculum is expected to benefit the quality of education in business coaching education of Indonesia physicians. In article one of the Republic of Indonesia Law No. 20 year 2003, concerning the system of national education, that education is a conscious and deliberate effort to create an atmosphere of learning and the learning process so that learners are actively developing the potential for him to have the spiritual strength of religious, self-control, personality, intelligence, noble character, and skills that is needed by themeslf, society, nation and the State.

Soedijarto wrote how our national educational curriculum that is designed and implemented in relevant, efficient and effective will be able to support the implementation of national educational function that is expected to able to create Indonesian people that are:

1. Religious and moral.
2. Mastering the knowledge and skills.
3. Physically and mentally healthy.
4. Personable and responsible.

The question is whether the educational process that has been going on has been achieved as expected? The purpose of education is still highly universal, needs to be developed into concrete and operational as well as tailored to the physical development, the development of Indonesian community and the international community in general.

Education in Indonesia are faced with a number of problems including issues of quality, relevance and efficiency that is still low. To produce graduates who have good knowledge competencies, skills, and attitudes and behavior as described above, so as to provide primary health care approach to family medicine, students are expected to achieve core competencies which include a number of knowledge, skills and attitudes which are:

1. Lifelong learning skills
2. General ability (general education)
3. Caring attitude towards society and the environment so that when faced with the problem (especially health problems) that are being studied, students will be able to do:

Team working, chairing a group, listening, recording, cooperation, respect for colleague's views, critical evaluation of literature and use of resourses, self directed learning, and presentation skills.

4. Able to communicate and to consider medical ethics, empathy
5. Understanding health issues, medicine and national health systems prevailed in Indonesia.

At all primary, secondary and tertiary health care stages, the responsibilities of doctors are doing the medical profession in a health care system in accordance with the general policy of the government which is based on Pancasila, which include: identifying the formula and prioritize health problems in the present and the future and try to resolve these issues through the planning implementation and evaluation of programs that are promotive, preventive, curative and rehabilitative.

Solve the patient's health problems is to use the knowledge, skills clinics and laboratories as well as observation and good recording to identify, diagnose, perform medical acts, conduct prevention efforts, request consultations, and working on the problem of rehabilitation efforts. Give priority to the health of patients based on ethical and legal aspects of medicine as well as considering the physical, spiritual and sosiobudaya. Make the best use of public health.

In this regard, the need for evaluation of the curriculum at medical school if it is in accordance with established rules. In this paper, the authors only limit on the Curriculum of Skin and Vaneral Phatology, Faculty of

Medicine, Christian University of Indonesia. In this regard, the need for evaluation of the curriculum at medical school if it is in accordance with established rules. In this paper the authors only limit on the curriculum of Dermatology and Genitals Phatology, Faculty of Medicine, Christian University of Indonesia. This evaluation covers aspects of document content standards, aspects of the syllabus, the implementation aspects of teaching and learning activities, and aspects of the involvement of various parties in the preparation of curricula Dermatology and Genitals Phatology. It is expected that this evaluation can be useful as a positive feedback on all parties involved, especially the faculty and staff in the preparation and development of medical curriculum in the future

II. Discussion

a. Curriculum

The curriculum is basically a way to go the students or training participants to achieve a program or exercise. Therefore, in the process of producing curriculum the first problem to be solved is the identification of educational goals to be achieved by learners. The process of identifying and formulating educational objectives, which typically describe the competencies, knowledge and attitudes held by graduates in the "curriculum studies" referred to the first stage of curriculum planning.

Having formulated a series of educational goals to be achieved by learners / students / trainees a program of education / training. The next program is designed curriculum structure that contains the types of subjects / courses / training program follows the weight ratio range of subjects / courses / training programs in the form of allocation of teaching hours or Semester Credit System (SCS). Once the curriculum of educational unit is completed, then we entered the stage of curriculum development that will include the preparation of the outlines of teaching and learning programs. According to Hilda Taba (1962), the curriculum is a statement of educational goals that are general and specific, and the material selected and organized by a particular pattern for the sake of learning and teaching. Usually in a curriculum already included with the program assessment results.

According to Law of the National Education System of Republic of Indonesia Chapter I, Article 19th No.20 Year 2003, curriculum is a set of plans and arrangements regarding the objectives, content and learning materials to achieve specific educational goals. In the context of Indonesia, which refers to the curriculum is defined as a set of plans and knowledge. Regarding the objectives, content and learning materials and methods used to guide the implementation of learning activities to achieve goals.

Of the various definitions of the above, Tyler (1950) remains a fundamental reference in the preparation of a curriculum. He asked the question "How can learning experiences be selected the which are Likely to be usefull in attaining these experiences".

The curriculum center, BALITBANG DEPDIKNAS (2002) defines the competency-based curriculum is the plan and arrangement of competencies and learning outcomes to be achieved by students, assessment of teaching and learning activities and the empowerment of educational resources in the development of school curriculum. The curriculum is oriented towards:

1. Results and impacts that is expected to appear on the learners themselves through a series of meaningful learning experiences.
2. Diversity that can be realized according to their needs.

b. The Education Curriculum of Medicine Faculty of UKI (S1) on Short Semester.

Generally, the curriculum that is offered at the S1 medicine studies program is eight semesters. This means that students are expected to complete their studies in accordance with the curriculum. But in reality, students can not complete her studies on time. Besides Semester Credit System which provide opportunities for students to be able to pass more quickly than the curriculum being offered, only few can achieve. Another problem faced is quite large relative CUI graduates who have a grade point average (GPA) of the medium when in competition for the job required a minimum GPA of 2.75. Based on the above, CUI is open a program known as Short semester for students in the CIU. Target to be achieved are:

1. Reducing the amount of graduates that have long study period.
2. Gives the possibility for students to accelerate the study period.
3. Increase the average GPA of more than 2.75
4. Increase the number of outstanding students to graduate more quickly than the time specified.

c. Medical Education Purposes in Indonesia

The purpose of medical education in Indonesia is to educate students through a series of learning experiences in completing the curriculum, so as to have sufficient knowledge, skills and attitudes in the field to their profesian for:

1. Performing the medical profession in a health care system in accordance with the general policy of government based on Pancasila and includes, identifying, formulating and prioritizing public health problem in the present and the future.

2. Developing health sciences, especially medical science by participating in education and research, as well as seeking to resolve the health problems of patients, public and health care system, particularly service and medical care.
3. Developing health sciences, especially medical science to maintain and develop the personality and attitude needed for the continuity of the profession such as integrity, responsibility, trustworthy and attentive and respect for fellow human beings in accordance with medical ethics.

By doing anticipation of developments in science and medical technology and the development of community needs and demands of health development in the future, as well as the opposite of physician education goals outlined above, development and coaching education of physicians in Indonesia oriented to science and technology, particularly science and medical technology and society. Orientation gives the direction of development of education and training institutions, including academic activities and development of various resources.

d. Competence Qualification

Strength that is achieved by MF of CUI (1989/1990, 1990/1991, 1992) has a number efficiency of education best among other Private Medical Faculty of the average 42%. What is meant by efficiency of education here is the ratio between the number of graduates (physicians of State) with the new students are accepted on a cypress academic year, this is pretty much among the graduates who became doctors exemplary provincial and national levels, in addition to the many become Specialization and Masters. In addition, many graduates of MF of CUI doctors are entrusted to be the leader of the Hospital as well as faculty. The achievement of MF of CUI doctors is a crown bestowed on the founders and leaders of the teaching staff as the wages of their toil.

With the briefing on the understanding, attitudes, skills (skills) and ability in solving health problems and challenges of 21st century global era, the MF of CUI as an educational institutions based on love and Christian values, set a number of general competence that must be mastered by every graduates of MF of CUI as follows:

1. Competence to communicate effectively with patients, patient families and colleagues.
2. Competence in clinical skills for primary health care approach to family medicine.
3. Competence in applying biomedical and behavioral sciences and epidemiology in primary health care approach to family medicine.
4. Be behaving as well as professional competence in the provision of health services in the Comprehensive comprehensive health care in primary health care approach to family medicine.
5. Competence and organized cooperation in the provision of health services.
6. Competencies in align health services provided by social values and cultural habits of the clients and the local community.
7. Competence hold on moral and ethical norms in the conduct of the medical profession.
8. Introspective competence in carrying out the profession kedeokteran.
9. Competence to apply critical thinking and problem-solving ability in every issue facing health and clinics.
10. Competencies that support learning and management information along with starting and developing careers medical profession.

e. Implementation Evaluation

Evaluate learning outcomes of each branch of science is done by using methods in accordance with the purpose of education branch of science, behavior that would be measured and used forms of learning experience, scope, and depth of curriculum and syllabus of the Faculty of Medicine Christian University of Indonesia, 2008. Discussion is conducted as well as its integration with other disciplines. Government efforts to promote education seen through Act No.20 of 2003 on National Education System. The law gives priority to reforms that big in our educational system. As a continuation of the Act, for the first time in our education are required to have national standards for the content or abbreviated Content Standards (SI) through "Permenkes No.22 year 2006". Because this standard is national then it should be after a period of SI was fulfilled by all education systems in the archipelago. Referring to the SI is also another standard such as the standard of competence of teachers / lecturers and the standard book / material is taught.

Furthermore, the author tries to evaluate the implementation of Short Semester curriculum of Dermatology and Genitals pathology which include the aspects of:

1. Document content Sstandard (core curriculum).
2. Syllabus.
3. Implementation of teaching and learning activities.
4. The involvement of various stakeholders in the formulation.

The curriculum will be explained further short-term evaluation of each aspect mentioned above. Evaluation of standard content (core curriculum).

Table 1. The results of identified curriculum Dermatology and Genitals Phatology based on documents / core curriculum of Indonesia Medical Education Directorate General of Higher Education and Culture.

No	issues	Proposed
1.	Heavy burden of the subject matter	Meeting time in the SS is added
2.	SS cost is more expensive	Adjusted to the meeting time
3.	Practicum time is less	Remains Practice

Aspects Syllabus Evaluation

Table 2. The results of the identification of the science curriculum of Dermatology and Genitals Phatology based on aspects of the syllabus in CUI MF.

No	Issues	Proposed
1.	Patients of Dermatology and Genitals Phatology are less numerous and varied.	Creating cooperation with other hospital affiliates.
2.	Comparison of the number of faculty and students are not comparable	number of lecturers is added

Aspect Implementation Evaluation

Tabel.3 The results of identified curriculum Skin of Dermatology and Genitals Phatology based on aspects of implementation (Source Medical Education Core Curriculum Review Indonesia, Directorate General of Higher Education Ministry of National Education

No.	Issues	Proposed
1.	There is just a lecture method of teaching	There is a modification of teaching between lectures and the media
2.	Not all are in the syllabus	All materials should be taught

III. Concluded

Based on the results of the evaluation of the core curriculum of medical training in Indonesia which contains a description / explanation of the science branch and the main characteristics and competencies as a differentiator between the branches of science with one another, and major facilities are required to minister, the requirements of academic faculty, students, substance, review of core competencies that are grouped according to elements of competence, teaching / learning process and study materials to achieve the elements of competency and competency based evaluation system. Providing an overview of how the curriculum of a course of study / science of the proposed branch will meet the expected demand. Thus able to position themselves to face the challenges of the future in accordance with the demands of the times.

DAFTAR PUSTAKA

1. Kurikulum dan Silabi Fakultas Kedokteran Universitas Kristen Indonesia, 2008.
2. Soedijarto,1993. *Memantapkan Sistem Pendidikan Nasional*. Jakarta: Grasindo.
3. Soedijarto,2008. *Landasan dan Arah Pendidikan Nasional Kita*. Jakarta: Kompas.Hal.il 8.
4. Taba, Hilda. 1962. *Curriculum Development-.Theory and Practice*. New York : Harcourt, Brace & World, Inc.
5. Tyler, Ralp W. 1949. *Basic Principle of Curriculum an Instruction*. Chicago: The University of Chicago Press.
6. Undang-undang No.20 Tahun 2003 Tentang Sistem Pendidikan Nasional.