



**ASIIN Seal**

# **Accreditation Report**

**Bachelor of Medicine and Medical Profession**

Provided by:

**Maranatha Christian University, Bandung**

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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 <sup>1</sup>	Previous accreditation (issuing agency, validity)	Involved Technical Committees (TC) <sup>2</sup>
Program Sarjana Pendidikan Dokter dan Program Pendidikan Profesi Dokter	Bachelor of Medicine and Medical Profession	ASIIN	BAN-PT „A“	14
<p><b>Date of the contract:</b> 29.04.2021</p> <p><b>Submission of the final version of the self-assessment report:</b> 30.06.2022</p> <p><b>Date of the onsite visit:</b> 16.10. – 17.10.2022</p> <p><b>at:</b> Bandung, Indonesia</p>				
<p><b>Peer panel:</b></p> <p>Prof. Dr. Bernhard Fleischer, Bernhard-Nocht-Institute for Tropical Medicine</p> <p>Prof. Dr. Gita Vita Soraya, Universitas Hasanuddin</p> <p>Yudhistira Pradnyan Kloping, M.D., Universitas Airlangga, resident</p>				
<p><b>Representative of the ASIIN headquarter:</b></p> <p>Rainer Arnold</p>				
<p><b>Responsible decision-making committee:</b></p> <p>Accreditation Commission for Degree Programmes</p>				
<p><b>Criteria used:</b></p> <p>European Standards and Guidelines as of 15.05.2015</p> <p>ASIIN General Criteria as of 28.03.2014</p>				

<sup>1</sup> ASIIN Seal for degree programmes;

<sup>2</sup> TC: Technical Committee for the following subject areas: TC 14 – Medicine

Subject-Specific Criteria of Technical Committee 14 – Medicine as of 20.09.2019	
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## B Characteristics of the Degree Programmes

a) Name	Final degree (original/English translation)	b) Areas of Specialization	c) Corresponding level of the EQF <sup>3</sup>	d) Mode of Study	e) Double/Joint Degree	f) Duration	g) Credit points/unit	h) Intake rhythm & First time of offer
Bachelor of Medicine and Medical Profession	S. Ked.(Sarjana Kedokteran/Bachelor of Medicine)		6	Full time	no	7 Semester	146 credits= 210 ECTS	Annually August
	Pendidikan Profesi Dokter / Medical Doctor		6			4 Semester	45 credits= 139.5 ECTS	Annually February

For the Bachelor of Medicine and Medical Profession Programme (PSPD), Maranatha Christian University (UKM) has presented the following profile in the Self-Assessment Report:

“1. A medical doctor who upholds the values of love and performs the job duties with empathy and respect for the patient as a whole person.

2. General practitioner who is honest, professional, communicative, a leader, and has a great personality.

a. Capable of conducting research and making strategic clinical decisions with full accountability and responsibility for all aspects of the field of General Medicine.

b. Capable of communicating as a leader in health service units, including Community Health Centers (Puskesmas), Clinics, Hospitals, and independent practice.

c. Capable of using medical science and technology (IPTEKDOK) available in the workplace to solve problems.

d. Capable of making strategic decisions based on information and data analysis and providing instructions in the resolution of health problems encountered.

e. Accountable for their work and can be held accountable for the performance of their work unit Capable of solving scientific and technological problems in general medical science.

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<sup>3</sup> EQF = The European Qualifications Framework for lifelong learning

f. Applying medical science theory to solve individual patient and public health problems.

3. Doctors who can apply evidence-based medical herbal science/medical nutrition

Can apply medical herbal science and evidence-based medical nutrition science for prevention and treatment according to community needs.”

## C Analysis and Findings of Peers

### 1. Mission and Outcomes

#### Criterion 1.1 Statements of purpose and outcome

**Evidence:**

- Self-Assessment Report
- Webpage UKM: <https://www.maranatha.edu>
- Webpage Faculty of Medicine: <https://med.maranatha.edu/>
- Webpage Professional programme: <https://www.maranatha.edu/prodi/profesi-dokter/>
- Webpage Bachelor's programme: <https://www.maranatha.edu/prodi/pendidikan-dokter/>
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The intended learning outcomes of the Medical programme (Bachelor's and Professional stage) are described in the Self-Assessment Report and cover several specific and general competences, which students should acquire during their studies.

The Faculty of Medicine is expected to be able to respond to the needs of the community, the national health system, and to develop the careers of graduates by taking into account their qualifications, specifically in the fields of medical herbs and medical nutrition.

#### Criterion 1.2 Participation in the formulation of mission and outcomes

**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

As stated in the Self-Assessment Report, the vision and mission of the Faculty of Medicine were determined by considering the vision and mission of Maranatha Christian University

and by involving several relevant stakeholders, such as lecturers, students, and alumni of the Medical programme, and professional representatives of the medical sector.

The vision and mission of Maranatha Christian University's Faculty of Medicine were communicated to stakeholders via various media, including websites and student handbooks. Input from the stakeholders is important for taking different aspects such as the labour market needs, recent healthcare regulation in Indonesia, and current developments in healthcare into account.

In addition, the Indonesian Professional Education Standards, the Indonesian Doctor Competency Standards, and the Indonesian National Qualifications Framework (KKNI) were taken into account while formulating the intended qualification profile. KKNI level six for the Bachelor's stage and KKNI level seven for the Professional stage. KKNI categorizes learning outcomes into four categories: attitudes, general skills, special skills, and knowledge.

The assessment of the objectives and learning outcomes is performed periodically by the Quality Assurance Unit on programme level and is supervised by the Quality Assurance Units at faculty and university level.

The peers confirm that there is a well described and 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**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

As a private university, UKM is able to formulate and implement policies and degree programmes according to their own agenda. UKM is dedicated to fostering a healthy academic culture that allows lecturers and students to grow academically and personally. This is reflected in the Chancellor's Decree Number: 055a-SK-UKM-VII-2010 concerning Academic Freedom, Freedom of the Academic Pulpit, and Scientific Autonomy. Thus, academic freedom is given.



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

UKM does not comment on this criterion in its statement.

The peers consider criterion 1 to be fulfilled.

## 2. Educational Programme

### Criterion 2.1 Curriculum model and instructional methods

**Evidence:**

- Self-Assessment Report
- Study Plans
- Module descriptions
- Webpage UKM: <https://www.maranatha.edu>
- Webpage Faculty of Medicine: <https://med.maranatha.edu/>
- Webpage Professional programme: <https://www.maranatha.edu/prodi/profesi-dokter/>
- Webpage Bachelor's programme: <https://www.maranatha.edu/prodi/pendidikan-dokter/>
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The Medical programme at UKM consists of two stages: the Bachelor's stage and the Professional stage. The Bachelor's stage consists of 7 semesters with 146 credits (210 ECTS) in a modularised system (28 blocks), whereas the Professional stage is conducted for 4 semesters with 45 credits (139.5 ECTS). The curriculum includes lectures and small group teaching as well as practical hands-on experience through clinical rotations in hospitals.

Course plans for every semester are available to lecturers and students via the Maranatha Learning Management System, which can be accessed via the internet. In addition, the Maranatha Learning Management System is used to deliver teaching aids using the problem-based learning method, including video lessons and simulations.

The programme has the following modes of teaching: lectures, small group teachings, clinical skills sessions, simulation sessions, clinical rotations, tutorials, and seminars. Audio-visual aids and e-learning supplement the attendance-based classes.

The learning and teaching methods used in the Bachelor's stage follow the SPICES approach (Student-Centred Learning, Problem-Based Learning, Integrated, Community, Elective, and Systematic). This includes tutorials using problem-based learning methods for discussing case scenarios/health problems in groups of 8 - 10 students in one group. This activity aims at training students in analysing medical problems, making a diagnosis, and suggesting treatments to overcome these health problems. The cases focus on diseases that are common in Indonesia. The second teaching and learning activity is case presentation and mini symposium. All students in a particular block participate in this activity, which is usually done online. Case presentations are done by students, followed by questions and a discussion. It can be supported by explanations from lecturers, but students are the moderators of this activity. During simulations, students learn basic clinical skills by performing various simulations and by acting as professional doctors. This includes various tasks such as history taking, physical examination, examination, and applying specific procedures.

The problem-based learning method is carried out by using the scientific method known as 7 JUMP: (1) introduction of new terms, (2) identification of problems, (3) analysis of problems, (4) discussion of problem solving, (5) discussion of learning objectives related to the health problem under discussion, (6) independent study, and (7) students present their learning results.

Teaching and learning activities for basic clinical skills include courses in anatomy, histology, physiology, biochemistry, clinical pathology, anatomical pathology, microbiology, parasitology, pharmacology, and public health sciences. Students are divided into three classes in carrying out these activities.

The Professional stage is a rotational programme that takes place in a teaching hospital. The curriculum consists of 13 clinical sections and one elective course that are taken over four semesters (86-88 weeks) with a credit load of 45 credits. The degree obtained after completing this education is Medical Doctor (MD). The following electives are offered in the professional stage: Herbal Medicine and Medical Nutrition, Pulmonology, or Externship. The peers learn during the audit that the Externship elective (practical clinical work abroad) is designed for four weeks, while the other electives only take two weeks. In order to have the same length, it would be useful to require those students who do not conduct the externship to take two electives with a total length of four weeks.

The following teaching and learning methods are used in the Professional programme:

1. Bed Side Teaching (BST) is a teaching method in which students meet patients accompanied by clinical lecturers to perform anamnesis and physical examinations before discussing their findings in the form of Case Based Discussion (CBD).
2. Clinical Science Study (CSS) is a learning method in which students prepare special cases, rare cases, or important cases, and present them in front of clinical lecturers and other students.
3. Direct Observation of Procedural Skills (DOPS), which is learning to take action, such as doing injections, intravenous infusion setup, and other procedural marks based on the competence of general practitioners that are performed directly on patients under the supervision of the doctor in charge of the patient.
4. Mini lectures, which are given by clinical lecturers who are experts in their fields.

The Professional programme is conducted at the main teaching hospital, Immanuel Hospital, and at the affiliated hospitals, namely Unggul Karsa Medika Hospital, which is owned by the Maranatha Christian College Foundation, Bayangkara Sartika Asih Hospital, Air Force Hospital M. Salamun, Pindad Hospital, and West Java Mental Hospital.

Students in the Professional programme put their medical knowledge and skills into practice under the supervision of clinical teaching doctors who are specialists in their respective fields. During the clinical rotations, students learn how to diagnose and manage a patient's disease. This includes one rotation at a Community Health Center to learn how to treat public health issues.

English textbooks and presentations are used and in the end, the Faculty of Medicine plans to establish an English class, which is taught in English. To help with this, it would be useful to encourage teachers to offer some courses in English and to encourage the students to actively speak English, e.g. by doing presentations or discussions in English.

According to the academic regulations, attendance for lectures, tutorials, seminars, practical, laboratory and clinical placements, and any other teaching session in whatever mode is obligatory for students. At least 75 % of the lectures and 100 % of the practical courses have to be attended; the teachers keep attendance lists for each class. Students who fail to attend the classes may be excluded from the final exam and thus may fail the course.

As the peers learn during the audit, some classes are still conducted online, especially some of the lectures, but the Faculty of Medicine should make sure that all teachers are well prepared for conducting online lecture and verify with the students if they are satisfied with this mode of teaching. For example, the students' satisfaction with online teaching was only 45.8 % in the 2021 satisfaction survey. UKM and the Faculty of Medicine should

follow up on these results and find out about the reasons for the students' low satisfaction.

During the audit, students in the Professional stage point out, that some of the shifts during the rotations last for 36 hours and they get no break for resting. The peers emphasise that the shifts in the rotations should not overwork the students and it must be ensured that the students can get enough rest during the shifts. The Faculty of Medicine needs to talk with the cooperating hospitals and make sure that all rotations involve a similar workload, that the students are not overstrained, and that the workload is manageable.

The peers point out that all relevant information about the degree programmes (complete module handbook, academic handbook) should be available on the English homepage of the programmes. In addition, there should be an English homepage of UKM.

The auditors confirm that the Medical programme has a defined study plan and the curriculum ensures that students are prepared for lifelong learning. In addition, the individual forms of teaching and learning (lectures, tutorials, seminars, electives, project work, and thesis) are defined in a way that students know what to expect.

### **Criterion 2.2 Scientific method**

#### **Evidence:**

- Self-Assessment Report
- Study Plans
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

From the first semester of the Medical programme, students are introduced to critical thinking and scientific methods. Especially in the evidence based learning courses, students need to solve clinical cases by using a scientific approach. In the fifth semester, students are required to develop a research proposal following the medical research course. The proposal will be marked and evaluated by the advisor so that students are allowed to conduct the research project. Students' research projects take the form of scientific papers in the biomedical and clinical fields, and the findings are presented in scientific writing sessions and attempted to be published. This research project, in the form of a scientific paper, is required for graduation from the Medical programme. This research project will be carried out in the sixth and seventh semester. This scientific paper (thesis) is being written with the help of two supervisors. In the professional stage, student rotate in the clinical

departments. Several activities are included in these rotations such as bedside teaching, and producing a scientific report with a literature review or case report.

Medical Nutrition and Herbal Medicine are the research focus areas at the Faculty of Medicine, which goes hand in hand with the intended graduate profile and the respective electives. However, the peers cannot see from the curriculum or the module descriptions, how this focus is reflected in the degree programme. They confirm that electives in Medical Nutrition and Herbal Medicine are offered, but they ask for additional information, how these two subjects are covered elsewhere in the curriculum. More information is needed on how UKM incorporates the medical nutrition and herbal medicine aspects into the day-to-day learning of the students. Not many examples were provided during the audit. The programme emphasises on being the best medical faculty in "herbal medicine" as the vision and within the graduate profile.

The peers confirm that students learn the principles of scientific methods and are introduced to medical research methods and evidence-based medicine.

### **Criterion 2.3 Basic Biomedical Sciences**

#### **Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

In the first semester of the Bachelor's stage, medical students are taught via the problem-based learning method, which begins with health problems presented through scenarios. Students will discuss the scenarios provided, and the discussion of these health problems will include basic biomedical sciences and concepts. This includes subjects such as anatomy, histology, physiology, biochemistry, anatomical pathology, clinical pathology, microbiology, and pharmacology.

It is expected that students acquire the necessary knowledge in basic biomedical sciences in order to be able to understand the underlying scientific principles and fundamental concepts, which enables them to follow and apply the methods of clinical sciences in the next level of studies.

**Criterion 2.4 Behavioural and social sciences and medical ethics**

**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The curriculum of the Bachelor's stage includes an introduction to behavioural sciences in the first semester and in the block "Behavioural Science & Clinical Psychiatry" in the seventh semester. Social sciences are taught in the block "Public Health & Family Medicine" in the seventh semester. The course focuses on the doctor-patient relationship and public education regarding individual, family, and environmental health.

Medical students are taught from the first semester to be sensitive to patients. This is addressed particularly in basic clinical skills activities such as history taking and diagnosis. In addition, bedside teaching in the professional stage plays an important role. In addition, general courses such as "Pancasila", "Civil Education", "Bahasa Indonesia", and "Christian Religious Education / Phenomenology of Religion" are taught.

The auditors confirm that students of the Medical programme are well educated in social sciences and ethics and are introduced to evidence based medicine, health promotion and preventive medicine.

**Criterion 2.5 Clinical sciences and skills**

**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

Clinical sciences and skills are introduced during the Medical programme through students' exposure to the clinical setting and through the provision of a clinical environment. Bedside teaching in small groups as well as simulation equipment (mannequins etc.) are used to expose students to the application of clinical science.

Supplementing the lectures, small group teaching (clinical skills sessions, simulation sessions and case-based scenarios) are conducted during the professional. Students are required to attend clinical placements on rotation basis in the different medical areas (Internal Medicine, Neurology, Paediatrics, Psychiatry, Forensics, Surgery, Obstetrics & Gynaecology, Ophthalmology, Anaesthesiology, Radiology, Skin & Venereology, Ear, Nose, & Throat, and Public Health).

Most of the Faculty's academic staff members have a number of years of clinical experience, are actively involved in research activities, and supervise Bachelor's students. Medical students can study at Immanuel Hospital. In addition, cooperations with the regional health office, the public health centre, and other hospitals are established to ensure a close student-patient interaction.

During the clinical rotations, students keep a logbook where they note what kind of medical procedures they have conducted. Since no sample logbooks were provided, the peers ask UKM to submit sample logbooks together with its statement on the report.

The peers confirm that the medical students at UKM acquire sufficient clinical and professional skills.

### **Criterion 2.6 Curriculum structure composition and duration**

#### **Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The Medical programme consists of two stages: The academic (Bachelor's) stage, which is designed for seven semesters with 146 credits (210 ECTS), and the professional (Medical Doctor) stage, which encompasses four semesters with 45 credits (139.5 ECTS).

The Bachelor's stage is carried out in the form of courses, which are divided into 28 blocks. An elective course is available based on students' interests. There are three elective courses that students can choose from: Medical Nutrition, Medical Herbs, and Medical Acupuncture. After completing the first stage with a Bachelor of Medicine (S.Ked.) degree, gradu-

ates must continue their studies to the professional stage in order to obtain a doctor's professional degree. The professional stage, which is organised in 13 clinical rotations. The learning processes at the professional stage focuses on clinical sciences.

### Criterion 2.7 Programme management

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Academic Study Guides

#### **Preliminary assessment and analysis of the peers:**

The Faculty of Medicine manages the Medical programme. In order to ensure the quality of the Medical programme, UKM has established an internal quality assurance system, which is coordinated by the Quality Assurance Unit (SPM) on university level. In addition, there is the Faculty Quality Assurance Team (TPMF) at faculty level and the Quality Assurance Group (GJM), which is in charge of implementing internal quality assurance at programme level.

### Criterion 2.8 Linkage with medical practise and the health sector

#### **Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

Students at the Faculty of Medicine learn from the beginning of their studies how to interact with patients and doctors in hospitals or community centres. The peers confirm that there is a strong cooperation with hospitals, public health centres, and the regional health offices.

#### **Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 2:**

UKM does not comment on this criterion in its statement.



The peers consider criterion 2 to be mostly fulfilled.

### 3. Assessment of Students

#### Criterion 3.1 Assessment methods

**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Academic Handbook
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

In the Medical programme, several different kinds of exams are applied in order to assess the students' practical and academic achievements:

a) Theoretical knowledge is tested in the form of written MCQs (multiple choice questions).

b) Objective Structured Practical Examinations (OSPE) are used in basic medical laboratory courses in order to assess the students' laboratory skills.

c) Objective Structured Clinical Examinations (OSCE) are applied to assess the students' clinical skills such as history taking, physical examination, and the ability to perform certain clinical procedures.

d) SOCA (Student Oral Case Analysis), which is a structured oral exam to test case analysis skills. Beginning in the second semester, this examination method assesses students' ability to analyse health problems and treat them adequately.

The exams include part or all of the evaluation methods in the form of MCQ, SOCA, OSCE, OSPE, and behavioural assessment. The weight of the evaluation assessment for each course/block is defined in the Academic Handbook and the module descriptions. Behavioural assessment has a general weight of 10 % of the final grade. MCQ, OSPE, and SOCA remedial exams are held once at the end of each course/block. The limit for passing courses/blocks is a minimum grade of "C" with a minimum OSCE grade of "B+". The OSCE remedial exams are held two times at the end of each course/block, the second remedial exam is subject to a fee.

The assessment methods used in the Professional programme include Case Based Discussions (CBD), Clinical Science Studies (CSS), Direct Observation of Procedural Skills (DOPS), and Mini CEX, which is performed in a clinical setting with real patients. Students who do not achieve the passing grade are given remedial work in the clinic. If students fail remedial, they are given a second and third chance. Students who fail the third remedial must repeat the rotation they failed.

At the end of the professional stage of the Medical programme, students are required to take a National Examination (Ujian Kompetensi Mahasiwa Program Profesi Dokter/UKMPPD), which is nationally organised as an exit exam for professional medical programmes.

Overall, throughout the 11 semesters of training, appropriate assessment processes ensure that only students whose performance, skills, competences, attitudes, and behaviours meet the standards required of a practising medical doctor are able to complete the Medical programme.

Students are allowed to take part at the final exam at the end of the semester if they have attended at least 75 % of lecture sessions and 100 % of practical activities/tutorial/clinical skill practice unless they have important reasons for their absence. Accepted reasons are (a) medical condition (proven by a medical letter), (b) assigned in curricular and extra-curricular events out of campus, and (c) have other reasons that are approved by the Dean/Rector.

The course assessment is conducted according to the academic calendar, which is available to all students through UKM's webpage. In addition, date and time of each exam are announced by every lecturer at the beginning of each course.

During the discussion with the peers, the students point out, that they are not informed about their grades in the different rotations before the end of the Professional stage. The peers emphasise that students need be informed about the grades for each rotation in the professional stage directly after completing the rotation and not only after four semesters at the end of the professional programme. There needs to be transparency and students also must have the chance to appeal their grades. They cannot do this in time, if they are only informed about the results at the end of the four semester long Professional stage.

The peers also inspect a sample of examinations and project papers and are overall satisfied with the general quality of the samples. They conclude that the examinations are suitable to verify whether the intended learning outcomes are achieved or not.

### Criterion 3.2 Relation between assessment and learning

**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

Exams are conducted in accordance with the intended learning outcomes. For example, for several basic biomedical courses in which the level of competency focuses on understanding, the assessment methods are multiple choice tests and laboratory examinations. Moreover, for courses with a focus on clinical skills, the chosen assessment method is usually a practical skills examination or OSCE.

The methods of assessment are indicated in the module descriptions. In addition, the examination form is communicated to the students at the beginning of the course.

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

The peers appreciate that UKM has recognised that it is a problem if students are not directly informed about their grades after completing the rotation. They expect UKM to implement the new Standard Operating Procedure (SOP) as soon as possible and require verification of the newly established process in the further course of the accreditation procedure.

The peers consider criterion 3 to be mostly fulfilled.

## 4. Students

### Criterion 4.1 Admission policy and selection

**Evidence:**

- Self-Assessment Report
- Webpage Faculty of Medicine: <https://med.maranatha.edu/>
- Academic Handbook
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

Admission to the Bachelor's programme Medicine at UKM is different from the admission processes at public universities in Indonesia. At UKM, new students' admission is carried out and regulated centrally at the university level, specifically by the New Student Admissions Committee (PMB). The respective processes and criteria are made transparent by publishing them widely using various media, including the webpage of the Faculty of Medicine and the Academic Handbook. Furthermore, the PMB regularly disseminates information about the Faculty of Medicine in several high schools in Bandung and other cities. Finally, there are the Maranatha Ambassadors, who are UKM students from various faculties who have been prepared in advance by the university to provide information about the degree programmes at UKM to interested persons (e.g. pupils).

The following criteria are used to select new students for the Faculty of Medicine at UKM:

1. All prospective new students must take and pass the BAKRI (talent and personality) test, which focuses on the students' extracurricular activities and interests.
2. Score in the Academic Potential Test (TPA), which shows basic skills regarding the knowledge that has been obtained during education at high school level. The TPA test consists of general knowledge, Indonesian, English, Mathematics, Natural Sciences, Practical Engineering, and Logic. This test is done by Computer Based Test (CBT).
3. Test score for knowledge in human biology that can describe the interests and abilities of prospective students in the medical field. This test is done by Computer Based Test (CBT).

The prospective students' high school grades and the results in the entrance tests (TPA and biology test) as well as BAKRI are taken into account in the admission process. In detail, there are three different pathways to be admitted to the Medical programme:

1. Achievement Path: This pathway takes the students high school grades in biology, mathematics, Indonesian, and English into account. They do not have to do the TPA or the biology test but only the BAKRI. Around 30 % of the new students are admitted by this pathway.
2. Invitation Pathway (high school scores and tests (Biology +BAKRI)) 20 %: This pathway is open to high school students from selected schools that cooperate with UKM. The benefits of this pathway include no registration fees, a 10% reduction in the mandatory development contribution fee with the option of paying in five installments, and tuition fees that do not increase during the normal study period. They do not have to do the TPA but the biology test and the BAKRI. Around 20 % of the new students are admitted by this pathway.

3. Regular Path: All science high school students are eligible for this pathway. Prospective students in this pathway take the TPA, the biology test and the BAKRI. Around 50 % of the new students are admitted by this pathway.

Students who want to join the Professional programme at UKM need a Bachelor’s degree in Medicine (S.Ked.) from UKM or another Faculty of Medicine with a national accreditation. They need to have graduated with a Bachelor of Medicine within the last two years before their application with a minimum Grade Point Average (GPS) of 2.75.

The tuition fee for Bachelor’s stage is 48.24 Mill IDR (3.168€) per semester in 2022, which includes the insurance and the registration fee; the additional development fee is 257 Mill IDR (16876€) for 7 semesters of study. The tuition fee for the Professional stage is around 37.99 Mill IDR (2495€) per semester, including insurance and the registration fee. According to university’s policy, the tuition fee will increase by 5% each year. The development of the tuition fee is shown in the following table:

<b>BACHELOR PROGRAM TUITION FEES FROM YEAR 2017 UNTIL 2022</b>				
<b>YEAR</b>	<b>REGISTRATION FEE</b>	<b>TUITION FEE</b>	<b>INSURANCE FEE</b>	<b>DEVELOPMENT FEE</b>
2017	100,000	44,500,000	390,000	215,000,000
2018	100,000	46,000,000	390,000	237,000,000
2019	100,000	46,000,000	390,000	250,000,000
2020	100,000	46,000,000	390,000	255,000,000
2021	100,000	46,000,000	390,000	255,000,000
2022	100,000	47,750,000	390,000	257,000,000

<b>PROFESSION PROGRAM TUITION FEES FROM YEAR 2017 UNTIL 2022</b>				
<b>YEAR</b>	<b>REGISTRATION FEE</b>	<b>TUITION FEE</b>	<b>INSURANCE FEE</b>	<b>DEVELOPMENT FEE</b>
2017	100,000	29,000,000	390,000	0
2018	100,000	29,000,000	390,000	0
2019	100,000	32,000,000	390,000	0
2020	100,000	35,000,000	390,000	0
2021	100,000	35,000,000	390,000	0
2022	100,000	37,500,000	390,000	0

Table 1: Tuition Fees, source: SAR UKM

The tuition fees at UKM are significantly higher than at public universities in Indonesia and there is no discount due to the students' parents' economic background. However, UKM provides some scholarships, which are managed by the Directorate of Student Affairs and Alumni. There are three types of scholarships:

1. Academic Achievement Scholarship, which requires a GPA  $\geq 3.76$
2. Non-Academic Achievement Scholarship, for students with special achievements e.g. in the fields of sports, art, or culture
3. Economically Disadvantaged/Marginalized Economy Scholarship for students with a weak economic background

The scholarships cover up to 25% of the tuition fee for the achievement scholarships and up to 50% for the economic scholarships and only students who have finished the first year of studies can apply.

In addition, students can apply for external scholarships at public or private institutions. Finally, there is a discount for the children of UKM's staff members. The amount depends on how long the staff member is a permanent employee at UKM. If the year of service is  $0 \leq 5$  years, the discount is 5%; for  $5 \leq 10$  years 7.5%; for  $10 \leq 15$  years 10%, for  $15 \leq 20$  years 12.5%; and above 20 years, the discount is 15%.

The number of awarded scholarships for the medical programme is listed in the following table:

Year	Internal Scholarship	External Scholarship
2017	4	7
2018	4	14
2019	4	11
2020	2	11
2021	4	18
2022	19	11

Table 2: Scholarships, source: SAR UKM

As the peers learn during the audit, it is possible for disabled students to enter the Faculty of Medicine, but some disabilities are not accepted e.g. total colour-blindness (this is a national Indonesian regulation). These students can only join the Bachelor's programme but not the professional stage. It would be a good idea to offer them also places in other degree programmes where such disabilities are not impairing students as much as in the medical programmes.

In summary, the auditors find the terms of admission to be binding and transparent.

**Criterion 4.2 Student intake**

**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The annual intake quota of the Bachelor’s programme is between 175 to 250 students, with a small positive deviation to outbalance possible withdrawals. The number of applications regularly exceeds the number of available places. For example, in 2021, there were 530 students applying for admission to the Bachelor’s programme and only 264 new students were accepted. The numbers in former years are similar. Since almost all Bachelor’ graduates continue with the Professional stage, no separate numbers are provided for the Professional stage.

The exact numbers for the Bachelor’s stage are depicted in the following table:

Year	Candidate		Total	Pass Selection	Re-registration
	Option 1 <sup>1</sup>	Option 2 <sup>2</sup>			
2017	946	21	967	309	199
2018	653	21	674	271	201
2019	1176	33	1209	223	175
2020	640	9	649	446	271

Table 3: Applications and Enrolment, source: SAR UKM

Option 1 suggests that the Medical programme is the first choice of the potential student, while option 2 means that the Medical programme i is the second choice.

The number of applications decreased by 50 % since 2019, which is mostly due to COVID pandemic and the double registration of some applicant, but that technical programme was solved in 2020, which resulted in lower numbers. As the peers have not received any statistical data on the current numbers of applications and registered students (2021, 2022), they ask UKM to provide this information with its statement on the report.

<b>Criterion 4.3 Student counselling and support</b>
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**Evidence:**

- Self-Assessment Report
- Academic Handbook
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

UKM offers a comprehensive advisory system for all Bachelor's students. At the start of the first semester, every Bachelor's student is assigned to an academic advisor. Each academic advisor is a member of the academic staff and is responsible for a group of approximately 20 students from her/his classes. The academic advisor is a student's first port of call for advice or support on academic or personal matters and is obliged to meet his students at least four times per semester.

The role of the academic advisor is to help the students with the process of orientation during the first semesters, the introduction to academic life and the university's community, and to respond promptly to any questions. They also offer general academic advice, make suggestions regarding relevant careers and skills development and help if there are problems with other teachers. The students confirm during the discussion with the peers that they all have an academic advisor, that they meet regularly, and that they can always contact their advisor personally and ask for help or advice.

In addition, every student who enrolls for the thesis courses will be assigned two thesis supervisors. The role of the thesis supervisors is to help students to complete their thesis research; they also monitor the progress of thesis in order to ensure the completion of the thesis in the intended amount of time. Each student will have two thesis supervisors, who are experts from related departments, who provide full guidance in carrying out the thesis, starting from finding research idea, writing proposal, conducting research activities, writing the report, and preparing an article for publication. However, the students point out to the peers that there are no academic advisors for students during the Professional stage. Each department has a coordinator who is responsible for the students who conduct their rotation there and she/he can be addressed by the students if there are any problems. This solution is not sufficient from the peers' point of view. Especially senior students in the Professional stage are often in need of help and guidance with respect to clinical problems and career perspectives. Since they usually have no direct contact with residents (there is no residency programme at UKM) students in the professional stage are often unsure which specialization to choose after graduation and will benefit from the support by an academic



advisor. For example, it might be possible that the students just keep their advisor from the Bachelor's stage.

Students at UKM can participate in numerous extracurricular activities. The purpose of interest and talent development activities for students is to discover and develop medical students' interests and talents. These activities can include community service, the arts, and sports. The Student Senate of Maranatha Christian University's Faculty of Medicine manages interest and talent activities independently.

Students can also improve their soft skills by taking part at respective activities. Soft skills coaching is carried out with the aim of improving self-management skills (intrapersonal) and improving relationships with other people (interpersonal). The Student Health Service (PKM) provides health services at affordable costs, professional medical services, and easy access for all students and faculty members at UKM.

All students and teachers at UKM have access to the digital platform MORNING, which allows lecturers to share teaching materials with students, such as documents, videos, assignments, test, etc.. This platform can be accessed via the internet.

During the discussion with the peers, the students complain that there is no psychological support available to them. The peers try to verify this statement and find out that the University Student Bureau provides psychological counselors and University Chaplains if students are in need of this support. The academic advisor, if they are unable to resolve a problem, should refer the respective students to this service. However, the students are obviously not well informed about this possibility. Therefore, the student should be better informed students about the psychological support that is available to them.

### **Criterion 4.4 Student representation**

#### **Evidence:**

- Self-Assessment Report
- Academic Handbook
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

During their medical education at the Faculty of Medicine, students can give feedback on the learning and teaching activities. Feedback can be provided through students' satisfaction surveys and the Student Senate. The Quality Assurance Unit of UKM collects the data on learning activities provided via the satisfaction surveys. From 2017-2019, the students'

satisfaction survey was conducted online once a year, and beginning with the academic year 2020/2021, the survey was conducted online twice in one semester.

As described in the Self-Assessment Report, students' satisfaction within the last five years was between 66.2 % and 85.9 % for the Professional programme and between 75.7 % and 95.3 % for the Bachelor's programme. The peers observe that the satisfaction with the Bachelor's programme is significantly higher than with the professional programme and that the results have decreased since 2019, which may be caused by the restrictions due to the COVID pandemic, because in 2021/2022 they have increased again.

The Student Senate of the Faculty of Medicine (SEMA) is a forum for all students to express their desires, criticisms, and suggestions to the Dean of the Faculty of Medicine. This activity also serves as a means of communication between the Dean and students, allowing students' academic problems to be discussed and addressed by the Dean. The Dean's academic policies will take into account the information, discussion results, and data gathered from these meetings.

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

The peers thank UKM for clarifying that psychological support is available to students. They appreciate that UKM will inform all students to this respect so that they can benefit from the available psychological services.

The peers consider criterion 4 to be mostly fulfilled.

## **5. Academic Staff/Faculty**

### **Criterion 5.1 Recruitment and selection policy**

#### **Evidence:**

- Self-Assessment Report
- Staff handbook
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

At UKM, staff members have different academic positions. There are professors, associate professors, assistant professors and lecturers. The academic position of each staff member is based on research activities, publications, academic education, supervision of students, and other supporting activities. For example, a full professor needs to hold a PhD degree. In addition, the responsibilities and tasks of a staff member with respect to teaching, research, and supervision depend on the academic position.

Requirements for new staff members are submitted by the respective department to UKM's management and vacant positions are announced via the university's homepage. Approximately, 70 % of the lecturers at the Faculty of Medicine are former graduates of UKM. The share of lecturers with a PhD has increased significantly within the last years and teachers with a Master's degree are strongly encouraged to pursue a PhD degree, either in Indonesia or abroad and UKM provides financial support and scholarships to this end. The university's goal is that in the near future all teachers have a PhD degree.

Currently, there are 105 permanent teachers in the Medical programme at UKM. However, only three full professors and two associate professors, while the majority are lecturers and assistant professors. The exact number are depicted in the following table:

Year	Number of Permanent Lecturers with Functional Position					
	N/A	Assistant professor/ asisten ahli	Assistant professor /lektor	Associate professor/lektor kepala	Professor	TOTAL
2017	37	27	16	4	1	85
2018	34	32	12	2	1	81
2019	54	31	12	2	2	101
2020	54	34	14	2	3	107
2021	53	34	13	2	3	105

Table 4: Number of Lecturers, source: SAR UKM

The teachers' academic qualification is shown in the following table:

Year	Number of Permanent Lecturer						
	Medical Doctor Education Bachelor Program			Medical Doctor Professional Education Program			Number of Permanent Lecturer
	Bachelor Degree	Master Degree	Doctorate Degree	Bachelor Degree	Master Degree	Doctorate Degree	TOTAL
2017	5	37	10	4	20	9	85
2018	5	38	10	0	19	9	81
2019	8	39	11	0	33	10	101
2020	9	38	14	0	36	10	107
2021	6	39	14	0	36	10	105

Table 5: Lecturers' Academic Qualification, source: SAR UKM

As one can see, most of the permanent teachers hold a Master's degree. Here, the peers see room for improvement because UKM should try to increase the share of permanent teachers with a PhD degree and put more emphasis on this criterion while hiring new staff members. In addition, it would be use to send more promising young teachers abroad for following PhD studies.

As the peers learn during the audit, all teachers have a workload between 12 and 16 credits per semester (one credit equals 170 minutes of activities per week). However, the workload can be distributed differently between the three areas from teacher to teacher.

In order to broaden the students' horizon especially in the field of research and current developments, guest lecturers from both Indonesia and overseas are regularly invited. In addition, practitioners from hospitals and health care institutions are involved in the learning process, not only as lecturers, but also as supervisors in the professional stage.

Since UKM is a private university, they can decide themselves what staff members to hire. Recruitment of new staff members at UKM is carried out periodically according to the needs of each faculty. First, the faculty looks at the number of lecturer and students and the teachers' workload in each department. Then a budget for lecturers and education personnel recruitment is designed at added to the annual work plan. This plan is submitted to UKM's Directorate of Human Resources and Development, which is responsible for staff recruitment and selection. Vacancies are announced publicly and the applicant need to pass the scientific requirements as well as a psychological examination and an interview process with the Director of Human Resources and Development, the Dean, the Vice Deans, and the Head of the Medical programme. The appointment of teachers begins with a 6-month probationary period as a "Candidate for Ordinary Lecturer". Afterwards they become a lecturer for two years. If their performance is outstanding, they will be hired on as permanent teachers.

The number of teachers and the teacher to student ratio in the Medical programme is detailed in the following table:

Year	Number of Permanent Lecturer		Number of Casual Lecturer		Number of Students		Lecturer to student ratio	
	Medical Doctor Education Bachelor Program	Medical Doctor Professional Education Program	Medical Doctor Education Bachelor Program	Medical Doctor Professional Education Program	Medical Doctor Education Bachelor Program	Medical Doctor Professional Education Program	Medical Doctor Education Bachelor Program	Medical Doctor Professional Education Program
2017	52	33	22	98	672	563	1:9	1:4
2018	53	28	12	83	677	477	1:10	1:4
2019	58	43	12	82	674	456	1:9	1:3
2020	61	46	11	77	752	375	1:10	1:3
2021	59	46	10	78	750	468	1:11	1:4

Table 6: Teacher to Student Ratio, source: SAR UKM

In summary, the peers confirm that the composition, scientific orientation and qualification of the teaching staff are suitable for successfully implementing and sustaining the degree programmes. The peers observe that the teachers are professionally qualified and their qualification profiles fit well with the focus of the degree programmes. Clinical expertise and activities are well integrated into the curriculum, which leads to a good interaction between teaching and patient care.

### **Criterion 5.2 Staff activity and development policy**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

UKM and the Faculty of Medicine encourage teachers to improve their academic and professional skills by offering numerous trainings and workshops. This includes topics such as curriculum preparation, medical ethics, writing research proposals, applying for patents, conducting community service, and training for clinical supervisors of the Medical Doctor Professional Education Program students at main teaching hospitals and network hospitals.

In addition, Instructional Technical Training (PEKERTI) is offered. This is a training programme designed to improve a lecturer's professional competences particularly for improving pedagogical skills. This course is aimed at junior lecturers. This is complemented by AA/APPLIED APPROACH, which is a training programme for senior lecturers to improve their professional skills.

UKM and Faculty of Medicine try to improve lecturers' capacity and performance by offering postgraduate scholarships and encouraging them to attend seminars, symposia, trainings, and workshops in Indonesia and abroad. Furthermore, the Faculty of Medicine conducts national and international seminars/webinars on a regular basis. Furthermore, teachers are encouraged to attend leadership seminars and trainings provided by UKM through the Executive Development Programme. Here, topics such as time management, leadership and management skills are discussed.

The academic staff activity in Indonesia is called Tridharma Perguruan Tinggi, it means that lecturers have the tasks of carrying out teaching, research, and community services in accordance with their fields of expertise and provide guidance to students in order to meet

their needs and interests in the education process. Non-permanent lecturers only have to teach.

The peers discuss with the members of the teaching staff the opportunities to develop their personal skills and learn that the teachers are satisfied with the internal qualification programme at UKM. In addition, there is an academic incentive programme for teachers. The possible financial benefits are based on research performance, academic development, tutoring, awards and teaching evaluations.

Overall, the auditors confirm that UKM offers sufficient support mechanisms and opportunities for members of the teaching staff who wish to further develop their professional and teaching skills.

### **Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 5:**

The peers thank UKM for explaining that there are currently 12 staff members pursuing their doctoral degree and that two staff members have just received their PhD. In addition, five teachers will start their doctoral studies soon.

The peers understand that increasing the share of teachers with a PhD degree is a long-term project and they encourage UKM to further pursuing this path.

The peers consider criterion 5 to be fulfilled.

## 6. Educational Resources

### **Criterion 6.1 Physical facilities**

#### **Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

During the audit, the peers visit the facilities and can confirm that UKM and the Faculty of Medicine provide adequate resources for teaching, supervising, and administration. To provide teaching resources for lecturer and students. There is one large lecture hall that

can seat 250 students and three smaller lecture halls that can seat 90 students. All lecture halls have standard support facilities such as air conditioning, computers, LCD projectors, sound systems, and WiFi connection.

The Faculty of Medicine has 27 tutorial rooms, each with a capacity of 10 - 12 students. Each tutorial room also has a mini library and an LCD TV that is used for presentations during tutorials. There are also 26 skills lab rooms, each with a capacity of 10 students. The skills labs feature a variety of standard mannequins and medical equipment that meets the requirements of the National OSCE exam for general practitioner competence. Each piece of equipment and mannequin has been adjusted to a 1:10 ratio, so that 10 students use one piece of equipment/mannequin.

As for laboratory activities, there are Anatomy, Microbiology, Parasitology, Physiology, Clinical Pathology, Histology, Anatomical Pathology, Pharmacology, and Biochemistry laboratories with a capacity of 70 - 80 students. The curriculum for medical students from the first to the third year includes practical laboratory work in these educational laboratories. Every laboratory has a standard procedure/handbook, which includes safety procedures and waste disposal methods.

The Faculty of Medicine has a budget for office stationery, computers, and other tools required to conduct administration tasks. Webcams and speakers were also available during the pandemic for lecturers and education personnel who preferred to work in the faculty rather than from home. The Faculty of Medicine also purchased laptop computers for lab work and the national objective structured clinical examination (OSCE), which is administered four times a year as a final exam for medical doctor candidates at the end of the Professional stage. There are also 250 computers in the computer lab for onsite/online exams at the end of each education block, as well as the national computer-based exam.

Medical science teaching resources are also available in the university's library, which offers a large number of printed books, e-books, e-journals, and an EBSCOhost database with medicine-related articles and e-books. Instruments and materials for lab work are provided in each lab, for example microscopes, centrifuges, reagents, slides for the histology/anatomy lab; respirometers, electrocardiograms (ECG), chronoscopes, pneumographs, autoclaves, as well as corpses and plasticines for the anatomy lab; and many other types of equipment in the skill lab.

For conducting research activities, UKM has established the Maranatha Biomedical Laboratory, which has lab machines/tools for RNA, DNA, and protein extraction, semi-quantitative PCR, real-time PCR, Western Blot, ELISA, and other biochemical parameters for animal and human research. An animal lab for animal research, primarily to test the effects of herbal ingredients on rats/mice, is also available for lecturer and students. There is also a

rotary evaporator in the pharmacology lab for evaporating solvent from samples and an advanced computer for molecular docking. In these facilities, teachers and students can conduct their research activities. While visiting the facilities at the Faculty of Medicine, the peers observe that currently there is limited space for research activities, but a new modern research laboratory has already been constructed and will be available to the teachers within the next few months.

The Faculty of Medicine has the Immanuel Hospital as its main partner, where students get in close contact with patients, and where skills labs and laboratories support the research and teaching activities. Other hospitals as well as public health centres are also involved in teaching, namely, Unggul Karsa Medika Hospital, which is owned by the Maranatha Christian College Foundation, Bayangkara Sartika Asih Hospital, Air Force Hospital M. Salamun, Pindad Hospital, and West Java Mental Hospital.

During the audit, the auditors also visit the teaching laboratories, the skills labs, the research labs, and the lecture rooms in order to assess the quality of infrastructure and technical equipment. The peers confirm that there are no bottlenecks at the Faculty of Medicine with respect to resources and they especially appreciate the spacious teaching facilities with sufficient equipment and instruments.

### Criterion 6.2 Clinical training resources

#### **Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The clinical courses in the Medical programme are carried out at Immanuel Hospital as the Main Teaching Hospital and at several network hospitals in Bandung and other nearby cities. Immanuel Hospital has several rooms and facilities for conducting the professional education. At Immanuel Hospital is the education coordinator committee room (Komkordik) for the medical profession students, a skills lab, and lecture rooms. In addition, there are different wards for treating patients, each with 10 - 25 beds. The hospital also features an emergency room, a high care unit, an intensive care unit, a paediatric intensive care unit, and a radiology department.



Students receive clinical training from the second semester of the Medical Programme. Among the imparted competencies are anamnesis skills on different cases (such as dyspnoea, infection, pregnancy, etc.), basic physical examination (such as vital sign, spine, thorax, abdomen, ENT, etc.) and invasive procedures (such as injection, intra venous-line, urethral catheter, nasogastric tube, circumcision, etc.). In clinical skills courses, students are given lectures and demonstrations by experts, followed by practical sessions, where students are divided into small groups, each supervised by an instructor. Students take turns on taking the role as a doctor or as a patient. Each group is provided with mannequin and medical equipment according to each topic. There are hospital visit sessions to observe clinical practice at the hospital with real patients.

During the professional stage, students will receive clinical training at the teaching hospitals. Every student will follow a clinical rotation, where they will learn to handle cases with real patients under guidance and supervision of expert lecturers.

However, during the discussion with the students, the peers learn that students' direct contact with patients is sometimes limited and that there are not always enough patients with the full variety of diseases available. For this reason, the peers recommend that students should spend more time in the hospitals and should have the opportunity to see the full breadth of possible diseases and treatments. Students in the professional stage have raised the point of needing more third tier or referral hospitals for the clinical rotation, since these hospitals tend to have a larger variety of clinical cases and more advanced interventions. The UKM should work on establishing more cooperations with these hospitals to allow higher exposure for students.

Therefore, the Faculty of Medicine should establish more co-operations with hospitals so that students have the opportunity to see more patients with different kinds of diseases and to give the students more exposure to patients.

While visiting the facilities, the peers observe how the clinical teaching is conducted. The number of mannequins and cadavers is sufficient for small group teaching (3 to 5 students per mannequin, 10 students per cadaver) so that the students can acquire the necessary practical skills.

In general, there are sufficient clinical training resources available for adequately teaching the students.

<b>Criterion 6.3 Information technology</b>
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**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

UKM has established the electronic platform MORNING in 2019 – 2020 for teaching and supervision and uses online tools such as Zoom, Microsoft Teams, Google Meet, and Google Classroom to support the teaching and learning activities. In addition, online tools such as Zoom, Google Classroom, Google Forms, and Microsoft Teams/forms were used for conduct teaching/lectures, basic lab work, skill lab, and examinations during the COVID-19 pandemic. The Faculty of Medicine provided a tablet to each student who was accepted as a first-year student.

The Faculty of Medicine has a CBT Center with a capacity of 250 computers. This centre is used for the multiple-choice exams to assess students' knowledge at the end of each block, and for the Objective Structured Practical Examination (OSPE) usually held in each educational laboratory. For the national CBT exam, the centre is also used four times a year to hold final exams for students that have passed their clinical year, along with the national OSCE exam.

<b>Criterion 6.4 Medical research and scholarship</b>
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**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The Faculty of Medicine has a research roadmap that is aligned with the faculty's mission, specifically in the fields of medical herbs and medical nutrition. Topics and final projects are chosen based on teachers' research projects or student suggestions based personal interests. Two lecturers with a minimum academic qualification of a Master's Degree supervise the students' research projects. Students must design a research proposal (in se-

mester 5 in Block 20 called “Medical Research” with a workload of 5 credits) and then receive feedback and suggestions so that their research projects can be carried out adequately. In block 20, students also participate in tutorials in the form of reading journals and critical appraisal of journals, which are divided into four modules: non-clinical studies, studies with experimental animals, clinical studies in humans, and in vitro studies. There is also a statistical practicum that trains students to calculate samples and analyse data.

The research process can begin once the approval has been obtained. Following research and data collection, an analysis is carried out, followed by a discussion of the results. The research findings will be presented in the final session, which will be attended by the two supervisors and three examiners. Research findings are also published in the form of scientific articles.

### Criterion 6.5 Educational expertise

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The Faculty of Medicine has medical education experts with Master's degrees in Medical Education who are working on developing the curriculum and its components. These experts hold structural positions with authority over policy and curriculum development. The process of reviewing the curriculum also involves medical education experts from other institutions, including the Faculty of Medicine at Universitas Gadjah Mada.

The peers confirm that students are generally satisfied with the teachers' expertise, delivery and support. This is verified through the satisfaction surveys.

### Criterion 6.6 Educational exchanges

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The Faculty of Medicine encourages its students to participate in international exchange programmes and to spend some time during their studies abroad. UKM has formulated and implemented a policy for establishing national and international collaborations with other

educational institutions and for recognising the transfer of credits. UKM’s International Office facilitates the regional and international exchange of students. Specifically in the medical programme, students can chose to take their elective at another university as an “Externship”, to gain competencies in the field of “Western Medical Specialties” with a focus on good practice, team working, and intercultural learning in health care. The duration of the externship is a month and is valued at two credits.

From 2017 to 2019, the Faculty of Medicine collaborated with Hebei Medical University, China. The collaboration included students’ exchange and joint research projects. The faculty of Medicine sent three batches of students to Hebei for conducting the “Externship” there. In total, 16 students participated at the programme.

Because of the COVID-19 pandemic, no students from Hebei have arrived at UKM yet and the cooperation is currently “on hold”. For this reason, the Faculty of Medicine is currently on the way of establishing a new cooperation with a medical faculty in Korea.

In 2019, the Faculty of Medicine accepted two clinical students from the Université d’Angers in France. They completed a four-week internship programme focusing on Obstetrics and Gynaecology, Dermatology/Venereology, and Surgery. However, they were the only incoming international students.

The number of incoming and outgoing students within the last five years is depicted in the following table:

No	Year	Number of incoming students	Description	Number of outgoing students	Description
1	2017	0	No incoming students	6	Hebei University Externship Program
2	2018	0	No incoming students	5	Hebei University Externship Program
3	2019	2	Clinical Students from Université d’Angers, French	5	Hebei University Externship Program
4	2019	0	Covid-19 pandemic	0	Covid-19 pandemic
5	2020	0	Covid-19 pandemic	0	Covid-19 pandemic
6	2021	0	Covid-19 pandemic	0	Covid-19 pandemic
7	2022	0	Covid-19 pandemic	3	Korea

Table 7: Incoming and Outgoing Students, source: SAR UKM

Academic staff members have the opportunity to attend workshops and conferences abroad. In order to receive financial support for these activities, staff members need to do an oral or a poster presentation at the conference abroad. In general, there are good support and incentive programmes for teachers' research activities and international cooperations.

In summary, the peers confirm that opportunities for international educational exchange for students exist. Nevertheless, the academic mobility of the medical students is very low and there are almost no incoming international students. Since UKM has the strategic goal of further internationalising its degree programmes and to foster students' and teachers' academic mobility, the efforts to raise the academic mobility should be increased. For this reason, the peers recommend encouraging and supporting students to spend some part of their medical education abroad, to providing more places and scholarships, to establishing more international cooperations, and to inviting more international students and guest lecturers. The students confirm during the discussions with the peers, that currently only few opportunities for academic mobility exist at the Faculty of Medicine and that they wish for more mobility programmes. The peers strongly support this point of view.

A good starting point for initiating more international cooperations are the personal international contacts of the faculty members and the guest lecturers. It is also possible for students and teachers to apply to international organisations like the German Academic Exchange Council (DAAD) for receiving funds for stays abroad. In addition, it might be a good idea to conduct summer schools for Indonesian and international students at the Faculty of Medicine. Finally, the peers suggest that the Faculty of Medicine should establish the position of an international coordinator who should not only encourage and support medical students in conducting stays abroad but also should initiate new international cooperations and hold the contact with the international partners.

### **Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 6:**

The peers thank UKM for expanding that there is already a cooperation with the National Taiwan University Hospital Hsin-Chu Branch and with Jeju University, Korea. They encourage UKM to establish even more cooperations and further promote students' and teachers' academic mobility. Appointing an international coordinator at faculty level is an important step into that direction.

The peers consider criterion 6 to be mostly fulfilled.

## 7. Programme Evaluation

<b>Criterion 7.1 Mechanisms for programme monitoring and evaluation</b>
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**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The auditors discuss the quality management system at UKM with the programme coordinators. They learn that there is a continuous process to improve the quality of the degree programmes. It is carried out through internal and external evaluation.

The internal quality assurance system (SPMI) at the Faculty of Medicine includes the SPMI Policy, SPMI Quality Manual, SPMI Standards, and SPMI Forms. The goal of SPMI is to ensure that each academic and non-academic work unit carries out its service duties and functions in accordance with the established vision, mission, and quality standards of UKM. In addition, through a transparent policy, all stakeholders are invited to work together in improving the academic and non-academic quality standards.

In order to ensure the quality of the Medical programme, UKM has established an internal quality assurance system, which is coordinated by the Quality Assurance Unit (SPM) on university level. In addition, there is the Faculty Quality Assurance Team (TPMF) at faculty level and the Quality Assurance Group (GJM), which is in charge of implementing internal quality assurance at programme level. In addition, an Internal Quality Audit (AMI) is performed each year. The system is depicted in the following diagram.

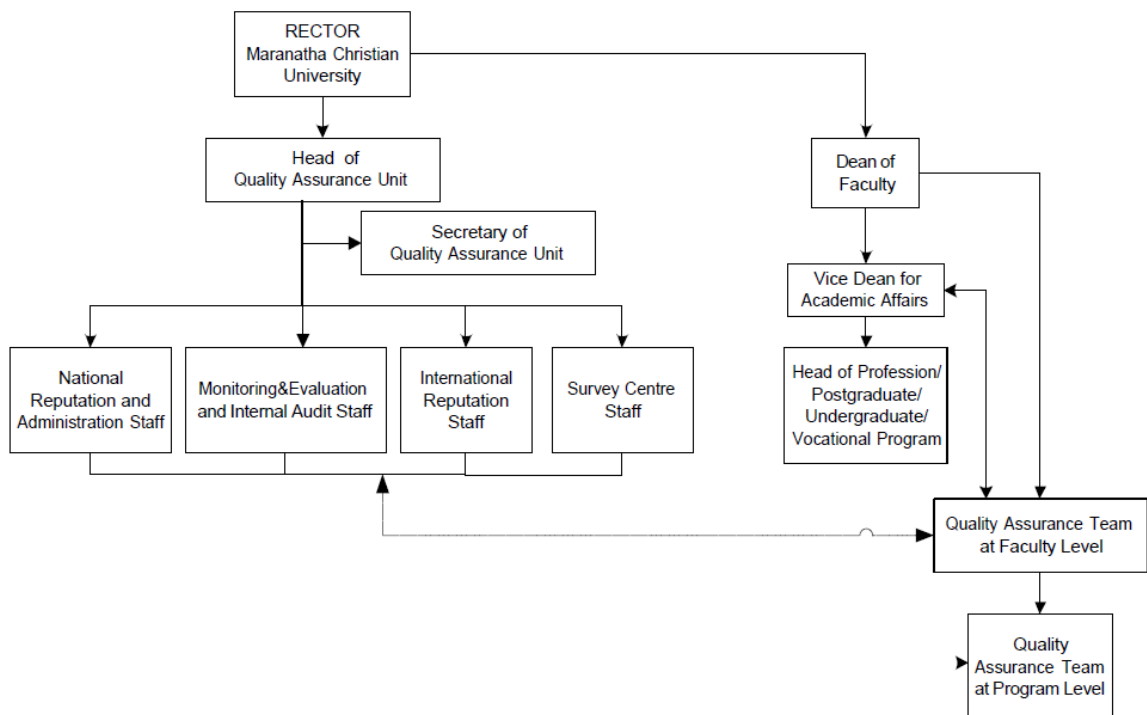


Diagram 1: Organisational Structure, source: SAR UKM

External quality assessment of the degree programmes is provided by the National Accreditation Agency for Higher Education (BAN-PT) every five years. This national standard of higher education was designed to encourage educational institutions to improve their performance in providing quality education services. Moreover, the objective of this standard is to support transparency and accountability in the implementation of national education system. The Medical programme at UKM is accredited by BAN-PT and has achieved the highest level “A”.

### Criterion 7.2 Teacher and student feedback

**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The Faculty of Medicine, in collaboration with UKM’s Quality Assurance Unit, conducts various surveys on the satisfaction of lecturers, students, alumni, and other stakeholders to gather information for improving and further developing the Medical programme. The results of the surveys are summarised in a report, which is published on UKM’s digital platform MORNING.

As described in the Self-Assessment Report, there are a satisfaction survey for lecturers, employees, students, new students' parents, graduates, graduates' parents, alumni, and companies/employers. Most of the surveys are conducted annually, some (like the one for graduates) once every two years.

As UKM's Office of Quality Assurance explains, the results of the questionnaires are sent to the faculty and the programme coordinators, UKM also requires the respective department head or programme coordinator to follow up on the critique and discuss with the students about the specific issues. During the audit, the students confirm that the satisfaction questionnaires are conducted regularly but point out that they are not directly informed about the results. The peers emphasise that it is important to close the feedback cycles. For this reason, there should be an institutionalized procedure, which makes sure that all teachers are required to discuss directly with the students about the results of the satisfaction questionnaires and possible improvements.

UKM needs a better management of the clinical phase, since with the current set-up it is only managed by a few people in the Professional programme. UKM should develop a strategy to improve the collaboration between department managers in each clinical department with the clinical phase managers.

Finally, the peers learn during the audit that some of the attending physician in the affiliated hospitals are not interested in teaching students and do not adequately fulfil their required educational tasks. The peers stress that the Faculty of Medicine needs to follow up on students' complaints about attending physicians and discuss with the respective physician how the problem can be solved. Some complaints are raised by students in the professional stage regarding the lecturer or attending physicians. UKM needs to have a system for assessing the attending physicians, or for managing student feedback and criticism towards the attending physicians lack of teaching.

As a last solution, the concerned attending physician should not be allowed to teach students anymore.

<b>Criterion 7.3 Performance of students and graduates</b>
--

**Evidence:**

- Self-Assessment Report
- Discussions during the audit



**Preliminary assessment and analysis of the peers:**

The quality of new students determines the success of the learning process and the graduates. The peers observe that the Medical programme is competitive and the entrance requirements are strict. For this reason, the students are very motivated to complete the degree programme in time and only a few resign and do not complete the programme successfully.

The percentage of students graduating in time and their average GPA and the average length of studies is shown in the following table:

Degree Program	Percentage of Graduating On Time	Percentage of Graduates GPA $\geq$ 3.00	Average Length Of Studies
<b>Stage of Medical Doctor Education Bachelor Program</b>			
2018/2019	76%	48%	3.9
2019/2020	87%	66%	3.7
2020/2021	80%	69%	4.0
<b>Stage of Medical Doctor Professional Education Program</b>			
2018/2019	100%	100%	2.3
2019/2020	100%	100%	2.7
2020/2021	94%	100%	2.9
<b>Average in Faculty</b>	<b>90%</b>	<b>79%</b>	<b>3.2</b>

Table 8: KPI, source: SAR UKM

As one can see, the average GPA of Bachelor's graduates is significantly lower than the average GPA in the Professional programme. In addition, almost all professional students graduate in time, while around 80 % of the bachelor's students finish the programme within seven semesters. However, this is still a large number of students and this gives no cause for concern.

In the last two years, more than 80 % of the graduates found a job within a waiting period of less than six months. All of them are employed in their area of expertise. This is due to the government policy that requires the medical doctor graduates to undergo an internship programme for one year and receive a salary from the government according to standard payment. The very good job prospects of the graduates are one of the strong points of the medical programmes.

Another positive aspect is the fact that almost no students drop out of the medical programme. The exact numbers are depicted in the following table:

Degree Program	Drop out (Odd Semester)	Drop out (Even Semester)
<b>Stage of Medical Doctor Education Bachelor Program</b>		
2018/2019	20	3
2019/2020	6	4
2020/2021	9	8
<b>Stage of Medical Doctor Professional Education Program</b>		
2018/2019	-	-
2019/2020	-	1
2020/2021	-	-

Table 9: Drop Outs, source: SAR UKM

In addition, students from UKM's Faculty of Medicine are very successful at the national doctor's competency clinical exam. From 2017 to 2021, between 94.8 % and 100 % of the graduates passed the exam successfully.

In general, the employers confirm during the discussion with the peers, that they are very satisfied with the qualification profile of the graduates. Moreover, they point out that the demand in Indonesia for medical doctors is very high and still growing. More hospitals are going to be built, especially in more remote areas, thus, more medical doctors are needed.

#### **Criterion 7.4 Involvement of stakeholders**

##### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

##### **Preliminary assessment and analysis of the peers:**

Monitoring and evaluation activities in the Medical programme involve lecturers, students, graduates, alumni, and employers. Feedback is given by filling out questionnaires, both online and offline. The satisfaction of the external stakeholders is usually high to very high and the comments are used for improving the degree programme. For example, the tracer study of alumni and graduates is specifically designed to monitor the quality of graduates (two to four years after graduation) and the satisfaction of UKM's graduates. The Directorate of Student Affairs and Alumni is in charge of implementing these tracer studies.

So far, students are not members of the boards or panels at UKM, but there are students' unions on programme, faculty, and university level. Students can bring their suggestions and critique to the respective students' union, whose members then will discuss the raised

issues with programme coordinators, the deans/vice deans, or the vice rectors/rectors. The peers see that the students' opinion is taken into account but they are convinced that students should not only be able to raise issues and questions but should also be directly involved in the decision making processes. For this reason, the Faculty of Medicine should make students' representatives members of the quality assurance team on programme or faculty level.

The peers discuss during the audit if there are regular meetings with the partners on faculty level, where they discuss the needs and requirements of the employers and possible changes to the Medical programme. They learn that some employers and alumni are invited to give their feedback on the content of the degree programmes and participate in the tracer studies. The peers appreciate that UKM stays in contact with its alumni and has a close relation with its partners from the medical area. However, an advisory board with external stakeholders does not exist. As the peers consider the input of the employers to be very important for the further improvement of the degree programme, they appreciate the existing culture of quality assurance with the involvement of employer in the quality assurance process. Nevertheless, they recommend establishing an academic advisory board at the Faculty of Medicine and to invite them regularly to discuss the needs of the job market and how to further develop the Medical programme. The advisory board should consist of a group of professionals, employers, and experts of the relevant fields from outside the university (e.g. hospitals, health care centres, and medical institutions).

In summary, the peer 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 peers after the comment of the Higher Education Institution regarding criterion 7:**

The peers point out that it is important to take the students' feedback on teacher's performance seriously and to apply changes where necessary, especially if teaching physicians in the clinical rotations perform below standard. The peers expect UKM to provide verification that a respective process exists and is implemented.

The peers confirm that UKM has added an academic board to its governance structure. The academic board includes internal and external stakeholders, such as students, alumni, industry experts, and clinical coordinators. The members can be seen on UKM's homepage.

The peers consider criterion 7 to be mostly fulfilled.

## 8. Governance and Administration

### Criterion 8.1 Governance

**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

As described in the Self-Assessment Report the governance of UKM refers to the standard structure as determined by the University’s management. The highest decision making board at UKM is the University Senate, which is headed by the Rector, who is supported by Vice rector for Research and Academic Affairs, the Vice Rector for Finance, the Vice Rector for Student Affairs, and the Vice Rector for Resources. At faculty level, the Dean is assisted by three Vice Deans. Each degree programme is led by the Head of Study Programme.

UKM has nine faculties and offers 28 academic programmes. 16 work units support the implementation off the degree programmes.

Both stages of the Medical programme are organised by the Faculty of Medicine, which has the following organisational structure:

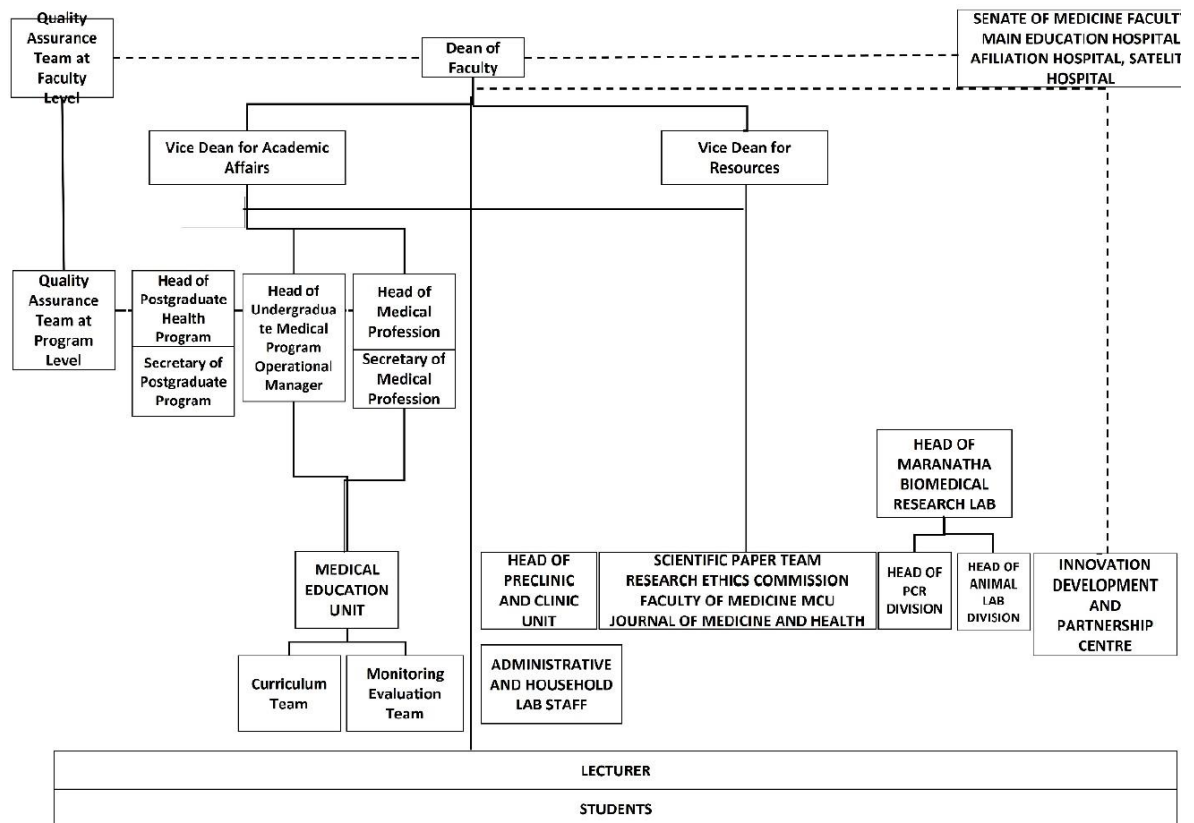


Diagram 2: Organisational Structure Faculty of Medicine, source: SAR UKM

The Vice Dean for Academic Affairs is in charge of coordinating and monitoring teaching, research, and community service activities, as well as developing academic policies for the Faculty of Medicine and collaborating with external institutions. The Vice Dean for Resources is in charge of coordinating the budget's preparation, use, and evaluation, as well as lecturers' and administrative staff development. Aside from daily/routine coordination, the Faculty of Medicine holds a weekly coordination meeting with the Heads of the Study Programmes. The Heads of the Study programmes coordinate and consult with the Vice Dean for Academic and Student for organising learning and teaching activities.

### **Criterion 8.2 Academic leadership**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The academic leaders at UKM are the Deans. The Dean chairs the Faculty Senate and refers academic matters to the University Senate, of which he is a member. He is supported by the Vice Dean for Academic affairs, the Vice Dean for Resources and the quality assurance Team.

At programme level, the Heads of Study programmes have the function of leading the implementation of educational processes, research activities, community service, and fostering the cooperation with the community and the administrative staff.

In addition, the Heads of Study programmes regularly monitors and evaluates students' performance and the result of academic and non-academic staff evaluations, and uses this feedback for improving the degree programme.

### **Criterion 8.3 Educational budget and resource allocation**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

As UKM's management explains during the audit, approximately 98% of the university's budget is provided by Maranatha Christian University Foundation (YPKTM), and mostly based on the students' tuition and development fees. Other sources like the government

and private organisations have less contribution. However, the fees do not go directly to UKM but to YPKTM first, which then allocates the financial support to UKM. As the peers have not received any statistical data on the sources of UKM's funding, they ask UKM to provide this information with its statement on the report.

The development fee is mostly used for updating the facilities and constructing new buildings, whereas the tuition fee covers the educational costs (mostly the salaries). UKM is trying to generate funds also from business units and from the university hospitals, however teachers can also apply for additional funds for projects at the Ministry, currently the business units are run by the Maranatha Christian University Foundation (YPKTM), which is supported by two Indonesian Christian churches. In the near future, UKM will also establish their own business units independently of the university foundation, previously, this was not allowed by the Indonesian national regulations.

The Dean, the Vice Deans, the Heads of Study Programme, and the Programme Secretary actively participate in budget preparation, planning, management, and. The stages of preparing the RPKA/annual budgeting begin with (1) an evaluation of the previous budget; (2) preparation of the strategic plan by the dean, accompanied by budget planning; (3) presentation of the strategic plan and annual budgeting for the following year in front of the Rector and the Vice Rectors; and (4) approval from the University for the budget amount. UKM's financial management uses a centralized administrative system at the university level and is controlled by a financial information system, so that the use of the funds can be evaluated and monitored by UKM's management.

Apart from the educational budget, research funds could come from two sources, internal and external research funds. Internal funds are managed by the Maranatha Christian University Research and Community Service Institute and external research funds come from grants from the Ministry of Research, Technology, and Higher Education. The Faculty of Medicine also provides financial support to lecturers and students to participate in scientific activities such as seminars, conferences, training/workshops, and other scientific activities, as well as providing support to lecturers to publish research results in national and international journals.

Funds for community service come from internal and external sources. Internal funds come from the operational funds of the Faculty of Medicine, but the activities must be approved by Research and Community Service Institute. External funds come from outside parties who work together to organise social service activities, namely KBSP (Business Social Service Group), and churches.

The Faculty of Medicine has made several efforts to reduce the share of funding from tuition fees. The efforts that have been made are increasing the number and quality of cooperation in the fields of education, research, and community service. The Faculty of Medicine also tries to find more scholarships for students who are less well off financially. In the field of research, the Faculty of Medicine encourages teachers to submit research proposals to the Ministry of Research, Technology, and Higher Education and to apply for research grants in collaboration with international institutions.

### **Criterion 8.4 Administrative staff and management**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

Non-academic staff consist of administration staff, librarians, and technicians (laboratory assistants, technicians, librarians, and IT-experts). The Faculty of Medicine usually directly recruits administrative and supporting staff members. Currently, there are 42 non-academic staff members, who work in the Bachelor's and Professional stage.

### **Criterion 8.5 Interaction with health sector**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The Faculty of Medicine actively collaborates with all parties involved in the health sector and in medical care. For example, there is cooperation with the Health Office in Purwakarta, which is a district close to Bandung. This enables students to study at public health centres, which offers additional opportunities to improve the learning process, especially in terms of hands-on experience with patients.

The peers confirm that there is strong collaboration between the Faculty of medicine and the health sector, especially with hospitals and medical institutions in Bandung and the surrounding area.

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

UKM does not comment on this criterion in its statement.

The peers consider criterion 8 to be fulfilled.

## 9. Continuous Renewal

**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

As described in the previous chapters, continuous renewal of the three degree programmes under review is an essential part of quality assurance system at the Faculty of Medicine.

For example, there is a continuous process at UKM in order to improve the quality of the degree programmes, which is carried out through internal and external evaluation. Internal evaluation of the quality of the degree programmes is mostly provided through students' feedback and quality audits. In addition, alumni and employers' surveys are conducted. The peers appreciate that the Faculty of Medicine stays in close contact with its alumni and uses their expertise and feedback for further developing the degree programmes.

Moreover, UKM collects data about applications, enrolment and academic results. These indicators are used to analyse the programme's success and if deficits are found, they are addressed.

As an overall judgement, the peers generally find that continuous monitoring and renewal is indeed taking place and that most of the quality assurance loops are closed. Furthermore, the peer group confirms that the quality management system is suitable to identify weaknesses and to improve the degree programmes. The stakeholders are involved in the process.

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

UKM does not comment on this criterion in its statement.

The peers consider criterion 9 to be fulfilled.



## D Additional ASIIN Criteria

### Criterion D 1.2 Name of the degree programme

**Evidence:**

- Self-Assessment Report
- Study plans
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

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

The title awarded to graduates of the Bachelor's stage of the Medical programme is Sarjana Kedokteran (Bachelor of Medicine), which is followed by the Professional stage, which awards a Doktor (Medical Doctor).

### Criterion D 2.2 Work load and credits

**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

Based on the National Standards for Higher Education of Indonesia (SNPT), all degree programmes use a credit point system called CSU (or SKS), which is regulated as follows:

## D Additional ASIIN Criteria

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Type of activity	Definition of 1 CSU/week/semester	Duration (min)	TOTAL (min)
Classroom course	Classroom meeting	50	170
	Structured task	60	
	Independent work	60	
Practical course	Practical work	170	170
Seminar	Seminar meeting	100	170
	Independent work	70	

In comparison to ECTS credit system, wherein 1 ECTS equals 25-30 hours of students' workload per semester, it is determined that 1 CSU is awarded for 170 minutes of workload per week and the relation between the different kind of learning (contact hours, self-studies) is fixed.

The peers point out that it will be necessary to introduce (in addition to the described Indonesian system) a credit point system that is based on the students' total workload. It would be most useful to adopt the European Credit Transfer System (ECTS). In the ECTS, 25 - 30 hours of students' workload (including lecture hours and self-study hours) are equivalent to one ECTS credit. The peers stress that the students' total workload in hours also needs to be indicated in the module descriptions and the distinction between classroom work and self-study should be made transparent.

During the discussions with the programme coordinators and the students, the peers learn that so far there has been no survey asking the students to evaluate the amount of time they spend outside the classroom for preparing the classes and studying for the exams. Since this is necessary in the ECTS framework, the peers suggest asking the students directly about their experiences. This could be done by including a respective question in the course evaluations. The peers point out that the Faculty of Medicine should follow the ECTS users' guide, while determining the students' total workload. This is the time students typically need to complete all learning activities (such as lectures, seminars, projects, practical work, self-study, and examinations).

In other words, a seminar and a lecture may require the same number of contact hours, but one may require significantly greater workload than the other because of differing amounts of independent preparation by students. Typically, the estimated workload will result from the sum of:

- the contact hours for the educational component (number of contact hours per week x number of weeks)

- the time spent in individual or group work required to complete the educational component successfully (i.e. preparation beforehand and finalising of notes after attendance at a lecture, seminar or laboratory work; collection and selection of relevant material; required revision, study of that material; writing of papers/projects/dissertation; practical work, e.g. in a laboratory)
- the time required to prepare for and undergo the assessment procedure (e.g. exams)

Since workload is an estimation of the average time spent by students to achieve the expected learning outcomes, the actual time spent by an individual student may differ from this estimate. Individual students differ because some progress more quickly, while others progress more slowly. Therefore, the workload estimation should be based on the time an “average students” spends on self-study and preparation for classes and exams. The initial estimation of workload should be regularly refined through monitoring and student feedback.

The students confirm with the peers that the workload is adequate and that the curriculum is manageable within the intended time.

The peers point out that UKM also needs to define how many hours of students’ total workload is required for one ECTS point. This information should be anchored in an official regulation and made transparent.

In summary, the peers expect the Faculty of Medicine to verify the students’ total workload and to adjust the awarded ECTS credits accordingly.

### Criterion D 3 Exams: System, concept and organisation

#### **Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Exemplary Bachelor’s theses
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

As described in the previous chapters, the Medical programme comprises a thesis. During the audit, the peers also inspect a sample of Bachelor’s theses (final project) and are overall satisfied with their general quality.

### Criterion D 5.1 Module descriptions

**Evidence:**

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

While analysing the provided module descriptions, the peers note that the students' total workload (contact hours and time for self studies) and the awarded ECTS credits are not correctly mentioned in the module descriptions. In addition, the peers point out that the awarded ECTS credits and the students' workload need to be consistent and verified (see criterion D 2.2) and no module description for the Bachelor's thesis was provided. Furthermore, the module descriptions need to include information about the form of assessment and the composition of the final grade (see Academic Handbook). Finally, the study plans for the Bachelor's and the Professional stage should include the SKS and ECTS points for all courses.

Otherwise, the module descriptions include all necessary information about the respective module.

### Criterion D 5.2 Diploma and Diploma Supplement

**Evidence:**

- Self-Assessment Report
- Sample diploma certificate

**Preliminary assessment and analysis of the peers:**

UKM provides sample diploma certificates and sample Diploma Supplements for the Bachelor's stage. These documents are fine and include all necessary information. However, for the Professional stage only no sample Diploma Supplement was submitted. For this reason, the peers expect UKM to award a Diploma Supplement also for the Professional stage to all graduates.

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

The peers appreciate that UKM has recalculated the students' workload by asking them directly about their experience (mini survey). Next, UKM has revised the ECTS calculation, the total workload for the Bachelor's stage is 210 ECTS in 7 semesters and 120 ECTS for Professional stage in 4 semesters.

The peers point out that UKM still needs to define how many hours of student's workload are required for one ECTS point and to make this information transparent (e.g. in the module handbooks). Furthermore, this calculation must be applied correctly to all courses.

The peers confirm that UKM now has an English homepage and has published all relevant information about the degree programme (complete module handbook, academic handbook) on the English homepage of the programme. In addition, the study plans now include the number of the awarded SKS and ECTS points for each course.

The peers thank UKM for providing a sample Diploma Supplement for the Professional stage. They expect that each graduate receives a Diploma Supplement after finishing the Professional stage.

The peers confirm that UKM has updated the module handbooks for the Bachelor's and the Professional stage. The module descriptions now include information about the students' total workload and the awarded ECTS points as well as about the contribution of the different exams to the final grade.

## **E Additional Documents**

Before preparing their final assessment, the panel asks 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:

- Current numbers (2021, 2022) on applications
- Sample of students' log books
- Statistical information on the different sources of UKM's funding
- Information how Medical Nutrition and Herbal Medicine are covered in the curriculum
- Module description Bachelor's thesis

## F Comment of the Higher Education Institution (12.12.2022)

UKM provides the following information:

- Current numbers (2021, 2022) on applications  
Many thanks for the suggestions, we now have provided current numbers of the candidates from 2021-2022. It is reported as follow:

Year	Candidate		Total	Pass Selection	Re-registration
	Option 1*	Option 2*			
2021	517	13	530	420	275
2022	509	10	519	373	257

\*Option 1: The Medical programme is the first choice of the potential student., Option 2: The Medical programme is the second choice.

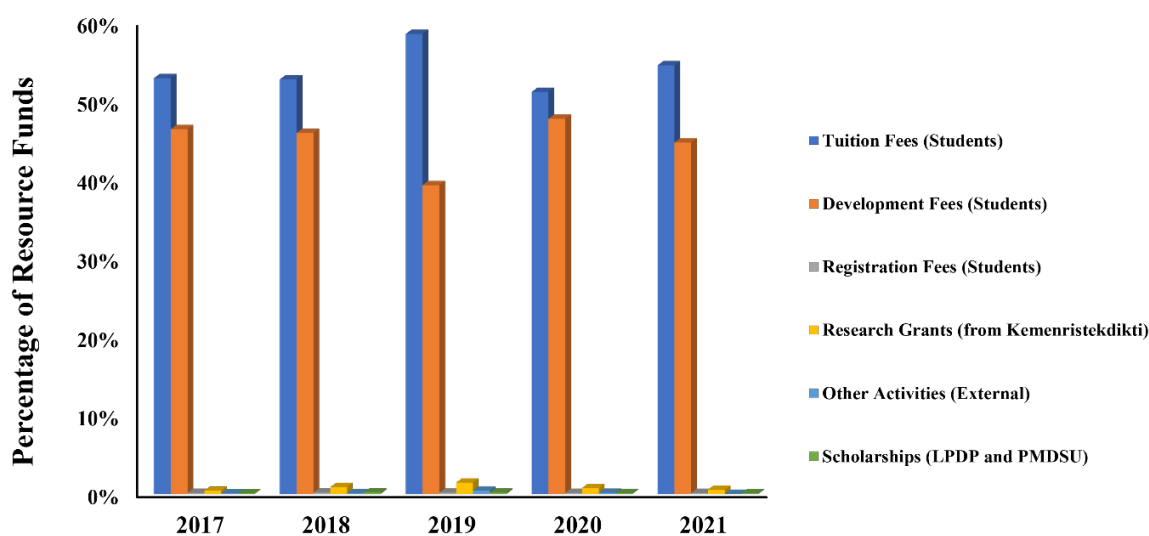
No	Pathways	2021		2022	
		Re-registration	%	Re-registration	%
1	Achievement Path	144	52,36%	142	55,25%
2	Invitation Pathway	4	1,45%	10	3,89%
3	Regular Path	127	46,18%	105	40,86%
	Total	275	100%	257	100%

- Sample of students' log books:  
We have provided three samples of Student's Log Books, including Department of Dermatology and Venereology, Department of Obstetrics and Gynaecology, Department of Surgery.
- Statistical information on the different sources of UKM's funding

Generally, our university's governance system is controlled by the foundation called Yayasan Perguruan Tinggi Kristen Maranatha (YPTKM). YPTKM, specifically is responsible for university's funding. Under YPTKM, business unit has been established, namely PT. DSU (Danamartha Sejahtera Utama).

At the university level, Faculty of Medicine, Universitas Kristen Maranatha is funded mostly by student's fee as shown in figure 1 or Table 1. Student's fee consists of tuition fees, development fees, and registration fees. Another source of our funding is from government's grants (Ministry of Research, Technology, and Higher Education; Minister of Education, Culture, Research, and Technology), such as research grant, scholarship, etc. As a complementary, the faculty also obtain other funding from external institutions.

**Table 1. Percentage of Resource Funds from 2017-2021**



**Figure 1. Different sources of UKM's Funding from 2017-2021**

Source of funds for The Faculty of Medicine, Universitas Kristen Maranatha											
No.	Source of Funds	2017	%	2018	%	2019	%	2020	%	2021	%
1a	Tuition Fee (Student)	64,736,571,700	52.92%	64,504,653,500	52.77%	77,580,837,490	58.55%	82,383,449,992	51.16%	95,460,327,504	54.55%
1b	Development Fee (Student)	56,787,412,301	46.42%	56,178,770,000	45.96%	52,057,880,000	39.29%	76,874,720,000	47.74%	78,249,800,000	44.72%
1c	Registration Fee (Student)	157,800,000	0.13%	192,100,000	0.16%	203,100,000	0.15%	198,400,000	0.12%	207,200,000	0.12%
2a	Government Grant	509,920,000.00	0.42%	1,046,937,000.00	0.86%	1,882,653,000	1.42%	1,196,621,000.00	0.74%	915,256,000	0.52%
2b	Government Scholarship	56,000,000	0.05%	212,000,000	0.17%	212,000,000	0.16%	143,500,000	0.09%	152,000,000	0.09%
3	(External Institution)	79,651,770	0.07%	108,954,870	0.09%	556,704,138	0.42%	221,038,770	0.14%	11,346,610	0.01%
	<b>Total</b>	<b>122,327,355,771</b>		<b>122,243,415,370</b>		<b>132,493,174,628</b>		<b>161,017,729,762</b>		<b>174,995,930,114</b>	



- Information on how Medical Nutrition and Herbal Medicine are covered in the curriculum.

The application of medical nutrition and medical herbs which are local competencies at the Faculty of Medicine, Maranatha Christian University is carried out in tutorial learning activities, which are spread from semester 1 to semester 7 (listed in the attachment).

Medical nutrition is one of the learning objectives in 11 tutorial modules, which are as follows: nutritional state module, nutritional deficiency anemia module, diabetes mellitus module, edema in children module, biliary colic (cholelithiasis) module, hypertension module, pulmonary tuberculosis module, metabolic coma module, combustio module, growth and development disorder module, and malnutrition module in the community (several example of the modules are attached). Students must be able to search for the most recent literature, understand and explain the relationship between nutrition and disease, and be able to apply nutrition interventions in various disease cases as part of non-medical management, including calorie calculations, education on types, amounts, and the patient's meal plan.

Herbal medicine is the learning goal in eight tutorial modules, which are: inflammation, renal colic (urolithiasis), diarrhea, perianal disorders (hemorrhoids), liver infection (hepatitis), hypertension, lactation, arthropod borne disease, and sleep disorder (several example of the modules are attached). The learning objectives that must be achieved by students are to be able to find out and recognize various types of herbs that are known as empirical therapy in Indonesian society with the aim of: (1) being able to provide correct information and education about the use of these medicines to the public; (2) being able to recognize the ingredients in herbal plants which are efficacious as complementary therapies for diseases and being able to develop them in research; and (3) being able to prescribe phytopharmaca herbal medicines as definitive therapy for various diseases.

- Module description Bachelor's thesis

Scientific Writing is worth 4 credits and is completed over the course of two semesters, namely semesters 7-8. The activities began at the end of semester 6, specifically in Block 20, with tutorial journal reading and critical appraisal; lectures on the basics of research, ethics, bibliography, research systematics, and the basics of statistics, including practicum.

Students are required to hold a research proposal session, which is attended by two supervisors and two examiners, between the end of semester 5 and the beginning of semester 6. Students must complete the introductory section and research methods from the research title/topic that has been determined with the supervisor in order to carry out this session.

Student writing progresses to the stage of submitting research ethics after completing the research proposal session and being declared passed. In order to proceed to the experimental stage for data collection, students must complete and submit an ethical form.

Students can begin carrying out trial preparations after passing ethics, then collect data and continue writing research results. The research findings will be put to the test in the final session of scientific writing. The prerequisites for carrying out this session are that it has received 10 times of guidance from the two supervisors and has attended 5 previous writing sessions.

Scientific writing (Karya Tulis Ilmiah/KTI) is prepared in accordance with a guidebook for writing scientific papers, which includes regulations on the procedure for selecting supervisors, trial procedures, and writing guidelines.

UKM provides the following statement:

### **Criterion 3.1 Assessment Methods**

As part of our quality improvement, we had made a revised SOP (Standard Operating Procedure) Clerkship regarding the grade information for each rotation on the professional stage. The revised SOP will be implemented on the first of December 2022.

### **Criterion 4.3 Student counselling and support**

Maranatha Christian University has psychological support for all students. We will inform all students regarding this information so in the future they can obtain benefits from our psychological services. Several channels are used to inform our students, including student's meeting, posters, etc.

### **Criterion 5.1 Recruitment and selection policy**

We have encouraged our staff to continue doctoral studies in Indonesia and foreign countries. Until now, there are 12 academic staffs who are pursuing their doctoral degree (SAR revision page 40). Two academic staff have graduated and achieved their doctoral study, one graduated on 9th August 2022 and the other graduated on 17th November 2022. In the following year, we hope there are more academic staff will graduate and achieve their

doctoral degree. There are 5 academic staffs who will continue their doctoral studies soon. We also hope in the future we could send academic staff abroad to collaborate in research and achieve doctoral degree.

#### **Criterion 6.6 Educational exchanges**

Currently, we are collaborating with “NATIONAL TAIWAN UNIVERSITY HOSPITAL-HSIN-CHU BRANCH” since 5<sup>th</sup> Dec. 2022. The collaboration is related to student exchange and research. In addition, our faculty is collaborating with JEJU UNIVERSITY, KOREA.

In response to the expert panel’s recommendation, we have appointed dr. Ardo Sanjaya, M.Kes., Pg.Cert., FHEA as our international coordinator at faculty level. He is responsible for managing our international exposure.

#### **Criterion 7.2 Teacher and student feedback**

The clinical phase is coordinated by head and secretary of Medical Doctors Professional Education Program. We organized the academic program with all of head of clinical department and Medical Education Unit. The clinical rotation is organized by the “Education Coordination Committee” of main Teaching Hospital.

In coordination with “Education Coordination Committee”, we conducted student’s feedback on the performance of the clinical teacher/ attending physician” once a year. Based on the feedback result, the faculty appoints teaching physician. If the teaching physician is not performing well, he/she will be replaced by other physicians.

#### **Criterion 7.4 Involvement of stakeholders**

We have added academic board in our governance structure to improve our quality, including curriculum development. In the academic board, we include internal and external stakeholders, such as students, alumni, industry experts, clinical coordinators.

All academic board members can be accessed via this link: <https://med.marana-tha.edu/en/tentang/badan-akademik/>.

#### **Criterion D 2.2 Workload and credits, Criterion D 5.1 Module descriptions**

We have recalculated the student’s workload in hour by asking directly to the students about their experience (mini survey). Next, we have revised the ECTS calculation on the mini survey and it is reflected in our module handbook. For bachelor’s degree, the total workload is 210 ECTS in 7 semester and 120 ECTS for medical doctor professional education program in 4 semester.

All related documents are attached.

Also, we have added thesis module in our academic handbook which can be assessed in our website (med.maranatha.edu)

<https://med.maranatha.edu/en/program-studi-pendidikan-dokter/kurikulum-pspd/>

Maranatha Christian University Website's: <https://www.maranatha.edu> now can be accessed in English.

**Criterion D 5.2 Diploma and Diploma Supplement**

We have added sample Diploma Supplements for the Professional stage.

## G Summary: Peer recommendations (27.01.2023)

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

Degree Programme	ASIIN seal	Subject-specific labels	Maximum duration of accreditation
Ba/MD Medicine	With requirements for one year	-	30.09.2028

### Requirements

- A 1. (WFME 2.1) Make sure that the shifts in the rotations do not overstrain the students and it needs be ensured that the students can get enough rest during the shifts.
- A 2. (WFME 3.1) Inform the students about the grades for each rotation in the Professional stage directly after finishing the rotation.
- A 3. (WFME 4.3) Provide all students with academic advisors during the Professional stage.
- A 4. (WFME 7.2) Close the feedback cycles and make sure that all teachers discuss with their students about the results of the satisfaction questionnaires and what changes might be possible.
- A 5. (WFME 7.2) Follow up on students' complaints about attending physicians in the hospitals, who are not really interested in teaching.
- A 6. (ASIIN 2.2) Make transparent how many hours of students' total workload are required for one ECTS point. This should be anchored in an official regulation and applied correctly to all courses.

### Recommendations

- E 1. (WFME 6.2) It is recommend to cooperate with more hospitals in order to give the students more exposure to patients.
- E 2. (WFME 6.6) It is recommended to further promote the academic mobility of the students and to increase the number of available places and scholarships and to cooperate with more international universities.

- E 3. (WFME 7.4) It is recommended to make students' representatives members of the boards at the Faculty of Medicine and to directly involve them in the decision making processes for further developing the degree programme.

## H Comment of the Technical Committee 14 - Medicine (13.06.2023)

*Assessment and analysis for the award of the ASIIN seal:*

The points of criticism concern, on the one hand, the calculation of student workload and the awarding of ECTS points, the low academic mobility, and the feedback on teaching evaluations. According to the assessment of the TC, these are typical requirements for universities undergoing international accreditation for the first time. The most important point of criticism is the high workload in the "Professional Stage" and the need for improvement in the supervision of students in the clinic. In each case, requirements are proposed by the expert group. In addition, three recommendations are being considered.

The TC makes it clear that it considers the learning objective S1 "Being devoted to God Almighty and capable of displaying a religious attitude" to be inappropriate and does not accept this objective stated in a prominent first position. He suggests to choose a more open-ended wording, which may refer to spirituality, for example, or consider a modern version of the Hippocratic Oath. There are also examples of other medical programmes in Indonesian universities that use a much more open wording in the learning objectives such as "Demonstrating a religious attitude and tolerance for any differences in religion, ethnicity, nation and culture." The TC would agree with a similar wording of the learning objectives. It would also be possible to simply delete the first part of the learning objective. Based on these concerns, the TC proposes an additional requirement.

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

<b>Degree Programme</b>	<b>ASIIN seal</b>	<b>Subject-specific labels</b>	<b>Maximum duration of accreditation</b>
Ba/MD Medicine	With requirements for one year	-	30.09.2028

### Requirements

A 7. (WFME 1.1) Reword the learning outcomes in order to make transparent that the graduates should practice their profession regardless of considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factors.

# I Decision of the Accreditation Commission (23.06.2023)

*Assessment and analysis for the award of the ASIIN seal:*

The AC discusses the procedure and agrees with the suggestion of TC 14 – Medicine to issue an additional requirement with respect to the learning outcome "Being devoted to God Almighty and capable of displaying a religious attitude". The AC has no problems with a reference to Pancasila or other religious attitudes, but they do not belong to the intended learning outcomes of a specific programme.

The Accreditation Commission decides to award the following seals:

Degree Programme	ASIIN seal	Subject-specific labels	Maximum duration of accreditation
Ba/MD Medicine	With requirements for one year	-	30.09.2025

## Requirements

- A 1. (WFME 2.1) Make sure that the shifts in the rotations do not overstrain the students and it needs be ensured that the students can get enough rest during the shifts.
- A 2. (WFME 3.1) Inform the students about the grades for each rotation in the Professional stage directly after finishing the rotation.
- A 3. (WFME 4.3) Provide all students with academic advisors during the Professional stage.
- A 4. (WFME 7.2) Close the feedback cycles and make sure that all teachers discuss with their students about the results of the satisfaction questionnaires and what changes might be possible.
- A 5. (WFME 7.2) Follow up on students' complaints about attending physicians in the hospitals, who are not really interested in teaching.
- A 6. (ASIIN 2.2) Make transparent how many hours of students' total workload are required for one ECTS point. This should be anchored in an official regulation and applied correctly to all courses.



- A 7. (WFME 1.1) Reword the learning outcomes in order to make transparent that the graduates should practice their profession regardless of considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factors.

### **Recommendations**

- E 1. (WFME 6.2) It is recommend to cooperate with more hospitals in order to give the students more exposure to patients.
- E 2. (WFME 6.6) It is recommended to further promote the academic mobility of the students and to increase the number of available places and scholarships and to cooperate with more international universities.
- E 3. (WFME 7.4) It is recommended to make students' representatives members of the boards at the Faculty of Medicine and to directly involve them in the decision making processes for further developing the degree programme.

## Appendix: Programme Learning Outcomes and Curricula

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Medical Programme:

### GRADUATE COMPETENCIES (SNDIKTI) – ATTITUDE

- S1 Being devoted to God Almighty and capable of displaying a religious attitude
- S2 Maintaining human values while performing tasks based on religion, morals, and ethics
- S3 Contributing to the advancement of Pancasila's quality of life in society, nation, state, and civilization
- S4 Acting as citizens who are proud of and love their homeland, who are patriotic and have a sense of responsibility to the State and nation
- S5 Appreciating the diversity of cultures, viewpoints, religions, and beliefs, as well as other people's opinions or original discoveries
- S6 Collaboration, social sensitivity, and concern for society and the environment
- S7 Following the law and maintaining discipline in social and political life
- S8 Internalizing academic norms, values, and ethics
- S9 Demonstrating a responsible attitude toward independent work in their field of expertise
- S10 Internalizing the spirit of independence, struggle, and entrepreneurship
- S11 Beings of love who are spiritual and have noble values (Christian life values) integrity, concern, and precedence
- S12 Being responsible for one's own work and being given responsibility for achieving learning outcomes in biomedical laboratories such as Anatomy and Histology, Physiology, Biochemistry, Genetics, Reproduction, Clinical Pathology, Anatomical Pathology, Microbiology, Parasitology, Immunology, Pharmacology, and Nutrition
- S13 Understanding and applying Christian Life Values when dealing with health issues

S14 Understanding and implementing good and ethical behavior in the performance of their duties

S15 Having a high level of sensitivity and concern for patients in accordance with love values

S16 Understanding and appreciating patients' and families' attitudes and behavior in relation to their religious beliefs in relation to the health problems they face

**GRADUATE COMPETENCIES (SNDIKTI) – Bachelor's Degree**

KU1 Capable of applying logical, critical, innovative, quality, and measurable thinking in carrying out specific work in their field of expertise and in accordance with relevant work competency standards

KU2 Capable of producing independent, high-quality, and measurable work

KU3 Capable of researching cases of science, technology, or art application in their field of expertise in order to create prototypes, standard procedures, designs, or works of art

KU4 Capable of compiling study results into working papers, design specifications, requirements, or art essays and uploading them to the college website

KU5 Capable of making appropriate decisions in supervising and evaluating their work based on standard procedures, design specifications, work safety and security requirements

KU6 Capable of maintaining and developing a network of cooperation and the outcomes of cooperation within and outside the institution Capable of being accountable for group work results and supervising and evaluating the completion of work assigned to workers under their supervision

KU7 Capable of carrying out the process of self-evaluation of the work group under their supervision and managing learning independently

KU8 Capable of documenting, storing, securing, and recovering data to ensure expertise and prevent plagiarism

KU9 Capable of maintaining and developing a network of cooperation and the outcomes of cooperation within and outside the institution Capable of being accountable for group work results and supervising and evaluating the completion of work assigned to workers under their supervision

**GRADUATE COMPETENCIES (SNDIKTI) – General Skills Professional programme**

- KU1 Capable of working in the field of basic expertise for specific types of work and possessing work competencies at least equivalent to the professional work competence standard
- KU2 Capable of making independent decisions in the performance of their professional duties using logical, critical, systematic, and creative thinking
- KU3 Capable of communicating to the public, particularly the professional community, ideas/arguments or innovative works that are beneficial for professional development and entrepreneurship and can be accounted for scientifically and professionally ethically
- KU4 Capable of critically evaluating work results and decisions made by themselves and colleagues in carrying out their work
- KU5 Capable of developing professional expertise in specific fields through training and work experience
- KU6 Capable of improving resource quality for the development of the organization's strategic program
- KU7 Capable of leading a work team to solve problems in their profession; capable of collaborating with other professions in the same field to solve problems in their profession
- KU8 Capable of establishing and maintaining relationships with the professional community and its clients
- KU9 Capable of developing professional expertise in specific fields through training and work experience
- KU10 Capable of being accountable for work in his profession in accordance with the code of professional ethics
- KU11 Capable of increasing learning capacity on their own
- KU12 Capable of contributing to the evaluation or development of national policies in order to improve professional education quality or the development of national policies in the field of professions
- KU13 Capable of documenting, storing, auditing, securing, and rediscovering data and information in order to develop the outcomes of their professional work

### **GRADUATE COMPETENCIES – Special Skills of the Professional programme**

- KK1 Interacting with patients and their families (effective communication area)
- KK2 Communication with collaborators (effective communication area)
- KK3 Interacting with the community (effective communication area)
- KK4 Using the most recent advances in biomedical, humanities, clinical medicine, and public health/preventive medicine/community medicine sciences to manage health problems holistically and comprehensively (scientific foundation area of medical science)
- KK5 Performing diagnostic procedures (clinical skill area)
- KK6 Executing holistic and comprehensive management procedures (clinical skill area)
- KK7 Promoting health in individuals, families, and communities (health problem management areas)
- KK8 Implementing health-problem prevention and early detection in individuals, families, and communities (health problem management areas)
- KK9 Managing individual, family, and community health issues (health problem management area)
- KK10 Empowering and collaborating with the community to improve health status (health problem management area)
- KK11 Managing resources effectively, efficiently, and sustainably in order to solve health problems (health problem management area)
- KK12 Accessing, analyzing, and implementing specific health policies that are priorities in each region of Indonesia (health problem management areas)
- KK13 Knowing the principles of medical herbal science and evidence-based medical nutrition, as well as being able to apply medical herbal science and medical nutrition in clinical settings (areas of local competence)

### **GRADUATE COMPETENCIES –KNOWLEDGE Professional programme**

- P1 Having knowledge of Biomedical sciences (Anatomy, Physiology, Biochemistry, Anatomical Pathology, Clinical Pathology, Microbiology, and Pharmacology), Humanities, Clinical Medicine, and Public Health Sciences/Preventive Medicine/Community Medicine to manage health problems holistically and comprehensively (area of scientific foundation of medical science)

The following **curriculum** for the Bachelor's stage is presented:

<b>FIRST SEMESTER</b>			
KUK101	KUK102	KUK103	KUK104
Basic Medical Science I & Study Skills	Basic Medical Science 2	Basic Medical Science 3 & Bioethics	Basic Medical Science 4 & Communication
4 CREDITS	4 CREDITS	4 CREDITS	4 CREDITS
KUK017		KUK060 / KUK062	
General Course: Pancasila		General Course: Christian Religious Education / Phenomenology of Religion	
2 CREDITS		2 CREDITS	
<b>SECOND SEMESTER</b>			
KUK105	KUK106	KUK107	KUK108
Musculoskeletal System	Hematology & Immunology	Endocrine System	Urinary Tract System & Body Fluid
5 CREDITS	6 CREDITS	5 CREDITS	6 CREDITS
<b>THIRD SEMESTER</b>			
KUK209	KUK210	KUK211	
GASTROINTESTINAL SYSTEM	HEPATOBIILIARY SYSTEM	CARDIOVASCULAR SYSTEM	
6 CREDITS	6 CREDITS	7 CREDITS	
KUK024			
General Education: Civil Education			
2 CREDITS			

<b>FORTH SEMESTER</b>			
KUK213		KUK215	
Respiratory System		Reproductive System	
8 CREDITS		8 CREDITS	
KUK430 / KUK431 / KUK432			
Elective Courses: Medical Nutrition / Medical Acupuncture / Herbal Medicine			
1 CREDIT			
<b>FIFTH SEMESTER</b>			
KUK317	KUK318	KUK319	KUK320
Nervous System	Eyes & Integumentary System	Ear, Nose, & Throat	Medical Research
7 CREDITS	6 CREDITS	6 CREDITS	5 CREDITS
<b>SIXTH SEMESTER</b>			
KUK321	KUK322	KUK323	
Infectious Diseases 1	Infectious Diseases 2	Emergency & Traumatology	
5 CREDITS	5 CREDITS	8 CREDITS	
KUK020			
General Course: Bahasa Indonesia			
2 CREDITS			
<b>SEVENTH SEMESTER</b>			
KUK425	KUK426	KUK427	
Growth & Development	Behavioral Science & Clinical Psychiatry	Public Health & Family Medicine	
5 CREDITS	6 CREDITS	7 CREDITS	
KUK429			
Mini Thesis			
4 CREDITS			

The following **curriculum** for the Professional stage is presented:

<b>DOCTOR PROFESSION STAGE</b>			
<b>CODE</b>	<b>SECTION</b>	<b>STUDY LOAD</b>	<b>STUDY LOAD DURATION</b>
201	Internal Medicine	6 Credits	12 weeks
202	Pediatrics	5 Credits	10 weeks
214	Surgery	4 Credits	8 weeks
204	Obstetrics and Gynecology	5 Credits	10 weeks
205	Neuroscience	3 Credits	6 weeks
209	Ear, Nose, and Throat Diseases	3 Credits	5 weeks
208	Ophthalmology	3 Credits	5 weeks
207	Dermatology-Venereology	3 Credits	5 weeks
210	Radiology	2 Credits	4 weeks
206	Psychiatry	2 Credits	4 weeks
213	Forensic Medicine	2 Credits	4 weeks
215	Anesthesia	2 Credits	4 weeks
113	Public Health Science	4 Credits	7 weeks
301	Elective Pulmonology	1	2 weeks
302	Elective Externship		4 weeks
303	Elective of Medical Herbs and Medical Nutrition		2 weeks
Total		45 Credits	86-88 weeks

<b>ROTATION IN EIGHTH - ELEVENTH SEMESTER</b>		
<b>INTERNAL MEDICINE</b>	<b>NEUROLOGY</b>	<b>PSYCHIATRY</b>
<b>12 WEEKS</b>	<b>6 WEEKS</b>	<b>4 WEEKS</b>
<b>PEDIATRIC</b>	<b>OPHTHALMOLOGY</b>	<b>ANESTHESIOLOGY</b>
<b>10 WEEKS</b>	<b>5 WEEKS</b>	<b>4 WEEKS</b>
<b>SURGERY</b>	<b>SKIN &amp; VENEREOLOGY</b>	<b>FORENSIC MEDICINE</b>
<b>8 WEEKS</b>	<b>5 WEEKS</b>	<b>4 WEEKS</b>
<b>OBSTETRIC &amp; GYNAECOLOGY</b>	<b>EAR, NOSE, &amp; THROAT</b>	<b>RADIOLOGY</b>
<b>10 WEEKS</b>	<b>5 WEEKS</b>	<b>4 WEEKS</b>
<b>PUBLIC HEALTH</b>	<b>NATIONAL COMPETENCY EXAMINATION</b>	
<b>7 WEEKS</b>		
<b>Student's Elective Component: Pulmonology/Herbal Medicine/Medical Nutrition/Externship</b>		