

Clinical Education Evaluation Program In FK UKI

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CLINICAL EDUCATION EVALUATION PROGRAM IN FK UKI

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Abstract: The purpose of this research was to obtain data information of the Educational Program Evaluation Clinic at FK UKI which is useful to know the extent to which the objectives of the clinical education program is achieved by knowing the effectiveness of each component and the results of research on each of these components can be used as well as consideration for decision makers. The method that was used in this research is the CIPP evaluation model, which evaluates the educational program with four components (context, input, process, product) through the process of getting the data through interviews, questionnaires, the study of documents and observation, then collect and tabulate the data presented qualitatively and quantitatively, reprocessed and analyzed using statistical methods/computer (SPSS). The results of this study lead to the conclusion that the evaluation of clinical education programs in FK UKI on almost all components run in accordance with the objectives of the educational programs, but there are still weaknesses in the input component that some academic staff do not have the second-degree master education.

Key Words: Program Evaluation, CIPP Models (Context, Input, Process, And Product)

INTRODUCTION

Clinical education at the professional level is a phase that medical students must go through to become a doctor. Clinical education is also very instrumental in building students' ability to solve real clinical problems and make the right decisions to solve these problems.

At this stage, students are faced with the real situation that they will face daily as a doctor. In the previous stages of education, students have indeed gained many theories, knowledge, and skills. However, the knowledge gained in class will not be well understood or applicable before they face real life situations that require analysis, evaluation, modification, and application processes.

In the clinic, students need time to process and understand their experience based on prior knowledge and personal experience. In this case, the role of counselor is needed. Counselors at the clinic are expected to bridge students so that they can connect the theories they get during undergraduate studies with actual clinical practice and therefore facilitating the clinical education process which is very important for the students' learning process. The most important thing in clinical education is the

37 process of strengthening the relationship between experience in the clinic and the
38 theory gained in the classroom.

39 Clinical Education is a Medical Education Program. The program is an
40 activity or activities designed to implement the policy and will be carried out for an
41 unlimited time. This policy is quite general and to realize this policy, certain programs
42 have to be arranged. All programs need to be evaluated to determine whether the
43 service or intervention has reached the stated goals. Stufflebeam states that evaluation
44 appropriately promotes and assists goals and ongoing improvement. In line with this
45 opinion, Madaus stated that evaluation carried out in service will result in
46 improvement. As an effort to improve a program, the results of the evaluation will be
47 very useful as feedback for the leaders and implementing staff of a program.

48 One example of the program evaluation models is the CIPP model developed
49 by Stufflebeam, et al. (1967) at Ohio State University. This model is very suitable for
50 evaluating the Clinical Education Program. The reason is that the type of program is
51 the Processing Program, where the target object is evaluated in the process and input
52 to results, namely from medical students (Input) processed in Clinical Education to
53 become doctors who will be competent in the medical profession (product). From the
54 results of the program evaluation, the decision makers will determine the follow-up of
55 the program that is or has been implemented.

56 The Faculty of Medicine of the Indonesian Christian University (FK UKI) as
57 the first private medical faculty in Indonesia is currently implementing a clinical
58 education program. In addition FK UKI is a medical education institution that has its
59 own practice hospital.

60 Medical education institutions in clinical education programs must evaluate
61 the implementation of educational curricula, institutional programs, organizational
62 variables, and policies which are also evaluations of the components of the context,
63 with careful and rigorous checks. This is in accordance with the opinion of Walberg
64 and Haertel in Judith, namely that Evaluation is an activity that requires caution,
65 rigorous examination of the education curriculum, institutional programs,
66 organizational variables, or policies.

67 Evaluation of the quality of the academic community includes staff, lecturers,
68 curriculum, students, and means of evaluating the input component. According to
69 Farell, an evaluation is an action used to assess the value or price of a program. So the
70 quality of the input component is related to student learning outcomes or performance

71 appraisal, Education Level from Staff and Lecturers, curriculum that has medical
72 education standards in Indonesia and supporting facilities provided by medical
73 education institutions, in other words, the purpose of input evaluation is the initial
74 ability of students and medical education institutions (Indonesian Christian
75 University) to support or encourage the Clinical Learning Education Program. This is
76 also consistent with Stufflebeam's opinion that the questions which are in favor of
77 input lead to solving problems that encourage the implementation of the program
78 concerned.

79 Evaluation of the teaching and learning process, evaluation of student
80 progress, and evaluation of supporting facilities are an evaluation of the process
81 components that are directed to assess how far the activities carried out in the
82 program have been executed in accordance to the plan.

83 Evaluation of the results component is directed at things that show changes
84 that occur in raw input in the example of students who received learning in the
85 clinical education. Evaluation results are analyzed and used as feedback for leaders of
86 medical education institutions, academic staff, students, other support staff for
87 planning, developing and improving the overall education curriculum and program

88 Through the elaboration of the background and focus of the problem that
89 includes the Four Components above, the formulation of the problem can be
90 explained with emphasis to the effectiveness of each component, namely whether FK
91 UKI has conducted an evaluation of the four components.

92 The usefulness of research on the evaluation of clinical education programs in
93 the Faculty of Medicine of the Indonesian Christian University (FK UKI) is generally
94 useful as one of the informational materials for policy makers / decision makers in
95 order to improve programs / policies.

96 The purpose of this study is to obtain data information from an evaluation of
97 clinical education programs in FK UKI which is useful to find out the extent to which
98 the objectives of the clinical education program are achieved by knowing the
99 effectiveness of each component and the results of research on each of these
100 components can be used as consideration for decision makers.

101 METHODS

102 Research on evaluation of the Clinical Registrar program at FK UKI in the
103 Faculty of Medicine, Indonesian Christian University using the CIPP evaluation

104 model that evaluates the Clinical Education Program based on the components of a
105 program's process, namely Context Evaluation (Context), Input (Input), Process
106 (Process), and Results (Product)

107 In the context component of this study will examine the needs, problems, and
108 opportunities to help policy makers in defining goals, priorities and results, including
109 the rational application of the program and describe the needs of user agencies to the
110 implementation of the clerical education program (clinic) in FK UKI. Rational
111 implementation of the program is the result of an analysis of the basic policy of the
112 implementation of the clerical education program (clinic) in FK UKI. This is related
113 to the opportunity to use the implementation of the clerical education program (clinic)
114 in FK UKI whether it is still relevant to continue to be implemented.

115 In the input / input component this study will examine alternative approaches
116 and plan activities that are efficient in meeting the needs and objectives to be
117 achieved. The input component includes the foundation of institutions, curricula,
118 students, educators, learning packages, education personnel, educational facilities, and
119 budgets.

120 In order to obtain data, researchers must arrange the instrument lattice in
121 advance. The grid developed using 9 areas of the Professional Doctoral Education
122 Standards based on the Indonesian Medical Council with a grouping of CIPP models:
123 Context Evaluation: (1) government policy; (2) FK-UKI Policies; Vision, Mission and
124 Objectives; (4) Academic Autonomy, the source of the data can be from the Dean,
125 Pudek I, Head of Professional Section, Director of FK UKI, Archives / Documents,
126 with interview instruments.

127 Input Evaluation: (1) Students; (2) Clinical Education Supervisors; (3) Facilities and
128 Infrastructure; (4) curriculum; (5) Clinical Education Resources; (6) Organizing
129 clinical education programs and administration, data sources can be from the Head of
130 the professional program, Documents, Pudek 2, Archives / Documents, Section
131 Heads, Kodik Section and Secretary of Clinical Education Section (11 Parts), with
132 interview instruments.

133 Product Evaluation: (1) Graduates; (2) Continuous renewal, sources can be obtained
134 from the Dean Documentation, with interview instruments.

135 The research instrument is a tool used to measure or obtain information about
136 variable characteristics inherent in the observation unit or research subject in a
137 systematic and objective manner. (Hadjar, 1999, p. 14).

138 In this study, to explore data, the instruments used were questionnaires both
139 tests and non-tests and interview guidelines.

140 Questionnaire validity used in this research instrument is validity that is
141 logical or also called construction validity. Logical validity is the validity that is
142 assessed from every aspect that will be disclosed in advance the definition as a
143 measure of whether this material is really included in it. Therefore, if the aspect of the
144 data collection tool is considered to have accommodated all the symptoms included in
145 certain definitions, it means that the data collection tool is quite valid. (Hadari, 1995,
146 p. 137).

147 While the interview uses the method of interviewing is not free or guided
148 (guiden interview), namely the use of interviews by making the main questions only
149 as a guideline for questions. (Supardi, 2005, p. 121).

150 Collection of data taken from various data sources used in this study can be
151 grouped into four groups of data sources, namely: (1) Informants or resource persons,
152 including Experts, Tutors, all UKI Medical Faculty students; (2) Events or activities,
153 namely in the form of learning activities carried out by tutors, experts and students;
154 (3) Place or location, namely in the form of the translation of the place of
155 implementation of learning. In addition, the place as a data source will produce data
156 that describes the physical quality / class environment; (4) Archives and documents,
157 which include the profile of the problem-based learning program at the Faculty of
158 Medicine, Indonesian Christian University.

159 To obtain data from the data sources above, the data collection process is
160 carried out. Data collection in this study was carried out using these methods,
161 including: (1) Dissemination of instruments (test and non-test), namely data collection
162 with instruments in the form of a number of questions arranged to capture the
163 information held by respondents, either in the form of opinions, facts or attitudes; (2)
164 The interview is collecting data with instruments in the form of a number of questions
165 submitted orally by the interviewer to the respondent and the question is answered
166 orally as well; (3) Study of documents, namely data collection by studying supporting
167 documents for program implementation, and (4) Observation, namely data collection
168 by observing all processes, people and objects that affect the implementation of the
169 program.

170 The implementation of data analysis techniques begins after the data is
171 available through interviews, questionnaires, document studies and observations. The

172 next activity describes the results of interviews, questionnaires, document studies and
173 observations as well as observing questionnaire data on each respondent's answers to
174 be examined for completeness and truth in filling out the instrument.

175 The data collected will be tabulated and presented qualitatively and
176 quantitatively. After the quantitative data is tabulated, data analysis is carried out with
177 Data Processing.

178 Data Processing / Data Analysis uses the Statistical Method, which is divided
179 into two groups, namely descriptive statistics and inferential statistics (parametric
180 statistics) with methods such as T-test (t), Product Moment Correlation (r). Finally,
181 quantitative data processing was carried out with the SPSS computer program
182 (Statistical Package for the Social Sciences).

183 The data that is concluded will be information as a material consideration of
184 decision making for program improvement.

185 RESULTS

186 The purpose of this study is to obtain data information from an evaluation of
187 clinical education programs in FK UKI which is useful to find out the extent to which
188 the objectives of the clinical education program are achieved by knowing the
189 effectiveness of each component and the results of research on each of these
190 components can be used as consideration for decision makers.

191 Context evaluation

192 Government policy; FK-UKI Policy; Vision, Mission and Objectives; and
193 Academic Autonomy produce data / facts from the evaluation in the form of RI Law
194 No. 20, 2003 concerning National Education System and No. 29, 2003 concerning the
195 practice of doctors and their implementation, physician competency standards,
196 Indonesian medical council regulation No. 10, 2012 concerning Indonesian medical
197 profession standards, academic guide book, conformity with KKI and community
198 needs, source data from study documents and interviews with leaders / administrators,
199 with criteria producing results that are useful for decisions, namely data / facts of
200 evaluation results to guide in compiling an Academic Guidebook and also obtained
201 Recommendation, namely To the Leader / Dean of FK UKI to make a guidebook in
202 accordance with BAN PT and KKI and see EMI (internal quality evaluation) periodic
203 activities.

204 The results of the study conclude that Evaluation of the Clinical Education
205 Program at the Faculty of Medicine of the Indonesian Christian University in the
206 Context component, in the Policy aspect of the clinical education program at the
207 college level (Faculty) has been effective.

208 **Input Evaluation**

209 Students, Facilities and Infrastructure, Curriculum, Clinical Education
210 Resources, and the implementation of clinical education programs and administration
211 have been effective in accordance with the Republic of Indonesia Law No. 20 of 2003
212 concerning National Education System and Law No. RI. 29 of 2004 concerning
213 Medical Practice as well as its implementing regulations and Indonesian Medical
214 Council Regulation No. 10 of 2012 concerning the Standards for the Education of
215 Indonesian Doctors. (2009), except for the requirement to become a clinical adviser,
216 namely that not all academic staff / assistants / clinical counselors have a S2
217 qualification and have a rank of Lector and above because the academic staff has long
218 experience in the clinic and has been provided with a seminar seminars and short
219 courses on things that are part of it, so that it is considered to have sufficient ability to
220 guide students in learning in the clinic. From the results of the Program Evaluation,
221 this component produces decisions and recommendations.

222 **Process Evaluation**

223 Clinical Education Planning with standard design criteria, data / facts from the
224 evaluation of interviews and working meeting documents, the decision is that
225 Planning is developed based on applicable standards and rules Syllabus is developed
226 based on needs and based on KKI, recommendations mandate the Dean of FK UKI to
227 pay attention to the Clinical Education Procedures permanent, with the expectation
228 that the graduation can be ready to excel in planning for the next 5 years;
229 Implementation of Clinical Education, criteria for fulfilling the requirements for the
230 implementation of the learning process, data / facts from the evaluation results of the
231 interview of the Dean and Head of the Professional Department the decision of
232 students and supervisors to carry out clinical education in accordance with established
233 procedures

234 Clinical Education Evaluation, Assessment criteria for clinical education
235 learning process, data / facts of Interview results and Log book, decision of clinical
236 learning process assessment and the results are carried out in accordance with
237 procedure; Supervision and monitoring, criteria for supervision of clinical education

238 activities by deans and directors, data / facts Interview results held at the annual
239 meeting, decisions at the final stage of clinical education carried out by students by all
240 lecturers in the clinic and by the leadership. The shortcomings and barriers that arises
241 during clinical education will be discussed at a joint meeting between the supervisor
242 and the leadership.

243 So clinical education planning, implementation of clinical education,
244 evaluation of clinical education and supervision and monitoring have been effective in
245 accordance with the criteria specified in the process evaluation component. But there
246 are also drawbacks that not every disease listed in the student logbook is present in
247 each round. To meet these shortcomings, students will be referred to affiliate hospitals
248 or network hospitals if there are cases of diseases that are not in the logbook.

249 **Product Evaluation Results**

250 Aspects of graduates with criteria Graduates are doctors who meet the
251 competency standards approved by the Indonesian Medical Council (in accordance
252 with article 8 of the Republic of Indonesia Law No. 29 of 2004 concerning Medical
253 Practices), namely the Standards of Doctor Competence, data / facts from the
254 evaluation of documentation, decisions of students who was declared graduated in
255 clinical education, expected to become a doctor who has the competency that was
256 aspired by KKI, the recommendation is that graduates are ready to compete because
257 of paying attention to the formulation of BAN PI and KKI.

258 Based on the results of the document review found the results of product
259 evaluation in this study the Faculty of Medicine, Indonesian Christian University has
260 produced 3,909 graduates spread across the country.

261 Aspects of continuous renewal, with criteria for sustainability of renewal after
262 activities, data / facts of results Interviews and documents, decisions on the results of
263 evaluations conducted when students conduct clinical education, constraints and
264 obstacles faced by students can be solved and don't repeat.

265 **DISCUSSION**

266 Hypothesis testing of quantitative research is by evaluating the context, input,
267 process, product conclusions as follows: Program Evaluation in the Faculty of
268 Medicine, Indonesian Christian University in the context, input, and process

269 components (CIPP) in all aspects at the college level (Faculty) has been in
270 accordance with the criteria of the clinical education program, but there are some
271 weaknesses in the input component in the qualifications of academic staff that need to
272 be improved, namely those that are not equivalent to Strata 2 (S2). Students,
273 educators, alumni and study documents that there is evidence of graduates and
274 continuous renewal carried out by the Faculty of Medicine of the Indonesian Christian
275 University produce doctors who have practical competence, mastery of attitude
276 competencies, and are given a degree as a general practitioner.

277 Summary of the research results above, in accordance with the principles of
278 Education Program Evaluation, namely, comprehensive, comparative, continuous,
279 objective, based on valid, functional and diagnostic criteria.

280 CONCLUSION

281 The clerical education program (clinic) at the Indonesian Christian University
282 Medical Faculty has been effective according to the rules of the Indonesian Medical
283 Council (KKI). The Faculty of Medicine, Indonesian Christian University together
284 with the Main Education Hospital, the Hospital of affiliated education and the
285 network education hospital that has been a partner of Indonesian Christian University
286 in carrying out clerical education (clinics) has carried out a clinical education program
287 according to the rules and procedures the one agreed upon and set together.

288 The policy of the clerical education program (clinic) in the Faculty of
289 Medicine of the Indonesian Christian University, has been effective according to the
290 Republic of Indonesia Law No. 20 of 2003 concerning National Education System; RI
291 Law No. 29 of 2004 concerning Medical Practices and their implementing
292 regulations; Doctor Competency Standards; Indonesian Medical Council Regulation
293 No. 10 of 2012 concerning the Standards of Education of Indonesian Medical
294 Professionals. With a Vision: To make the Faculty of Excellence and Competitive
295 Medicine in a global era based on Christian values, and MISSION: To produce
296 doctors who can perform primary health services based on Christian values; Produce
297 doctors who excel in traumatology and tropical diseases; Produce doctors who are
298 able to research and carry out continuous community service.

299 The program design consists of: Students in clinical education, physician
300 training in clinical education, Facilities and Infrastructure, curriculum, Clinical
301 Education Resources and the implementation of clinical education programs and

302 administration runs effectively and meets the criteria in the Republic of Indonesia
303 Law No. 20 of 2003 concerning National Education System and Law No. RI. 29 of
304 2004 concerning Medical Practice as well as its implementing regulations and
305 Indonesian Medical Council Regulation No. 10 of 2012 concerning the Standards for
306 the Education of Indonesian Doctors. Weaknesses found by researchers that not all
307 academic staff / assistants / clinical advisers have a S2 qualification and have the rank
308 of Lector above. Academic staff / assistants / clinical counselors even though they do
309 not have a S2 qualification but have considerable experience in the clinic and have
310 been provided with participation in seminars and short courses on matters that are part
311 of it. This weakness can also be used as a consideration for improvement and decision
312 makers in future program design.

313 The implementation of clinical education programs at the Faculty of Medicine
314 of the Indonesian Christian University has been effective and provides a learning
315 experience to medical students with reference to graduate competencies. All learning
316 processes are written in the rules of study rules, referring to the activity schedule,
317 syllabus, and planned learning process according to the plan and there is program
318 supervision and when the learning evaluation is carried out and there is a program
319 evaluation monitoring system. Weaknesses in the learning process are not all diseases
320 or cases in the student logbook list that are encountered during clinical education.
321 This is a challenge for clinical counselors, such as how to make students get the
322 expected competence even though there are cases in the list of cases in the log book
323 that students do not encounter in clinical learning.

324 Based on the findings there are several things that need attention, the
325 researchers gave suggestions based on research results of evaluation of clinical
326 clerical education programs at the Faculty of Medicine, Indonesian Christian
327 University, as follows:

- 328 1. To the development policy makers, organizing in order to improve the quality
329 of the clerical education program (clinic) at the Faculty of Medicine,
330 Indonesian Christian University, that the clinical education program (clinic) in
331 the Faculty of Medicine of the Christian University of Indonesia can be
332 continued and improved by paying attention to the weaknesses found by
333 researchers. By increasing the responsibility and competence of clinical
334 counselors to improve the competence of students of the clerical education
335 program (clinics) in the Faculty of Medicine, Indonesian Christian University.

336 2. For the leaders of the Indonesian Christian University Medical Faculty and the
337 Director of the Main Education Hospital, affiliated Education Hospital, and
338 network education hospital. The evaluation results are expected to be a
339 reference for establishing policies on the development of clinical clerical
340 education programs at the Faculty of Medicine, Indonesian Christian
341 University. The policy made greatly influences the implementation of clerical
342 education (clinics) at the Faculty of Medicine of the Indonesian Christian
343 University with an effective, efficient implementation mechanism, using
344 human resources, available funds, available resources.

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