Program

Organizer
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Development of PBL in medical schools in Indonesia

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MEDICAL SCHOOLS IN INDONESIA

• Two medical schools were built in the early 1900s, one in Jakarta and the other in Surabaya.

• Now there are 72 medical schools. In the last ten years, 25 medical schools are built.
Basic Medical Education

- Requirements:
  - High School Graduates (Natural & Math)
  - Admission Exams (National/ University)
- Length of study:
  - 6 years
- University:
  - Medicine: 72 Schools (31 Public, 41 Private)
  - Dental: 26 Schools (14 Public, 12 Private)
1851 started in Jakarta - Sekolah Dokter Jawa
1913 STOVIA (School Tot Opleiding Voor Indische Artsen)

1913 in Surabaya - NIAS (Nederlandsch Indische Artsen School)
Pintu Gerbang / Lorong yang bersejarah, dibangun tahun 1920an
Registered Physicians (Medical/Dental)

Data 2011

- GP: 75,794
- Specialist: 19,197
- Dentist: 20,625
- Dental Specialist: 1,596
- Total: 117,212
History of Medical Competence Curriculum in Indonesia

- **HWS Project 2000 – 2007**
  - Increase Medical Education *Expertise* in ME
  - Introduction of *SPICES* in Medical Education
  - Born of *Medical Education Units*
- **EDUCATION MINISTER No: 045/U/2002**
  Core Curriculum Higher Education
- **Act No.29 ,2004 Medical Practice in Indonesia**
  - Indonesian Medical Council
    - *Standard Medical Education & Standard of Competence for Indonesian Physicians* (project AIPKI-KKI) 2006
Change in Indonesia ME caused by SPICES in CBE

- **S : Student Centered** ➔ Small Group Teaching-Learning overlies Lecture
- **P : PBL** ➔ changing perspective of lecture, higher investment,
- **I : Integration** of discipline ➔ blurred pre-clinic & clinic dichotomy, clinical domination & inappropriate competency
- **C : Community** ➔ academic health center for clinical resources & Population health ➔ Increasing need of collaboration with health services center
Change in Indonesia ME caused by SPICES in CBE

- **E**: Electives /Appearance of local competency, possibility of sharing expertise, transfer credit ➔ Cross border medical education

- **S**: Systematic /Accountability and quality of Medical Education Planning, Implementation and Improvement
CORE CURRICULUM

- 1981: KI PDI I
- 1993: KI PDI II
- 2005: Competence Base Curriculum
  - 7 Areas of Competence
  - Primary Health Care Physicians
  - Family doctors
- 2006: Standards of competence
  Standards of medical education
The canMEDS Roles Framework

- Professional
- Manager
- Communicator
- Scholar
- Medical Expert
- Health Advocate
- Collaborator
Student centred
Problem based
Integrated
Community based
Lective driven
Systematic
Basic Medical Education

Internship

G.P.
M.D.
B.Med.
DEVELOPMENT OF MEDICAL EDUCATION
In Indonesia

1896
Free study system

1963
Guided study system

1974
COME programme - KIPDI 1

1978
Introduction semester credit system

1985
Implementing PBL through COME – KIPDI II

1990
MEU

1991
Impl PBL

1992
Full PBL

2002
CBC

16
2006
There are 4 types of the PBL according to Kwan, CY (2009)

Our medical schools also have various types of Hybrid PBL from the type I until type IV

As example the Airlangga University in Surabaya is a type I hybrid PBL

While the schools in Jakarta like Univ Indonesia and Pelita Harapan, also Univ Gajah Mada in Yogyakarta is a type IV PBL
Older VS Newer Schools

- Older medical schools have to change their traditional curriculum from discipline based to integrated block system (organ system) type PBL.
- The newer schools directly adopt the PBL type curriculum.
- Problems of older schools and the newer schools are not the same in implementing the PBL.
STUDENTS and PBL

• From Studies done to see how students perception is on PBL, there are two studies reported
• Students likes the PBL
• Comments of the students are
  a) 
  b) 
  c)
Assessment

Mostly still MCQ
OSCE
PBL sessions evaluation
Simulated Patients
FACULTY DEVELOPMENT

• Teaching portfolio
• Workshops
  - Good lecturing practice
  - Item writing
  - Evaluation/Assessment
  - Communication skills
COMPUTER ASISTED LEARNING

• Making Handouts
• Making a website
• Use CD-ROM textbooks
• Use simulated practicals
• Emails
• Join mail groups
STANDARDS IN MEDICAL EDUCATION.

INPUT
Quality of new enrollment

PROCESS
Med Fac & Tech Hosp
Quality of teaching & learning

OUTPUT
Quality of graduate

OUTCOME
Quality of professional work
National Board Exams

• Beginning in 2006 there was a pilot project for the national board exams for students graduating the medical schools
• Beginning in 2007 each year there are 4 exams given per year
• Results shows :
  a)
  b)
  c)
Conclusion

The PBL system in Indonesia is well accepted. Implementation of the PBL in the various medical schools need to be monitored well.