

# ACADEMIC GUIDELINES

Profession Program - Year 2021

UNIVERSITAS SYIAH KUALA

1. Faculty of Veterinary Medicine
2. Faculty of Medicine
3. Faculty of Nursing

TAHUN 2021



**USK**  
UNIVERSITAS  
SYIAH KUALA

**ACADEMIC GUIDEBOOK  
PROFESSIONAL PROGRAM OF  
VETERINARY MEDICINE  
(PPVM)**

**FACULTY OF VETERINARY MEDICINE  
UNIVERSITAS SYIAH KUALA  
2021-2025**

**ACADEMIC GUIDEBOOK**  
**PROFESSIONAL PROGRAM OF VETERINARY MEDICINE**  
**FACULTY OF VETERINARY MEDICINE,**  
**UNIVERSITAS SYIAH KUALA**

**Guidebook team:**

1. drh. Teuku Reza Ferasyi, M.Sc., Ph.D
2. Prof. Dr. drh. Muslim Akmal, M.P.
3. Dr. drh. Erwin, M.Sc
4. Dr. drh. Nuzul Asmilia, M.Si
5. drh. Amiruddin, M.P
6. Dr. drh. Etriwati, M.Si
7. Dr. drh. Darniati, M.Si
8. drh. Nanda Yulian Syah, M.Si

**PPMV Program Course Coordinator on campus:**

1. Vet Public Health and Epidemiology : drh. Azhari, M.Si
2. Parasitology Diagnostics : Dr. drh. Farida, M.Si
3. Microbiology Diagnostics : Dr. drh. Faisal Jamin, M.Si
4. Pathology Diagnostics : Dr. drh. Etriwati, M.Si
5. Veterinary Reproduction : drh. Ginta Riady, M.Sc
6. Veterinary Internal Medicine : drh. Rusli, M.S
7. Surgery and Radiology : drh. Arman Sayuti, M.P.
8. Vet Final Exam : Dr. drh. Erwin, M.Sc

**PPMV Program Course Coordinator at Veterinary Medicine Center (PKMV):**

1. PKMV Vet Lab and Wildlife HIS. : Dr. drh. Darniati, M.Si
2. PKMV Poultry : Dr. drh. Sugito, M.Si
3. PKMV Ruminant and Non-Ruminant : Prof. Dr. drh. M. Hanafiah, M.P
4. PKMV *Merdeka* (Free to learn) : Dr. drh. Nuzul Asmilia, M.Si
5. PKMV Quarantine and Slaughterhouse: drh. Andi Novita, M.Sc
6. Veterinary Teaching Hospital : drh. Budianto Panjaitan, M.Si

- Secretariat : Abdul Manab, S.Sos  
Design dan Layout : Aris Muntahar, S.T  
Cover Design : Muhammad Hasyim, A.Md

**Academic Handbook for the Professional Program of Veterinary Medicine**  
**Faculty of Veterinary Medicine Universitas Syiah Kuala**  
**Jl. T. Hasan Krueng Kalee, No. 4, Kopelma Darussalam**  
**Banda Aceh 23111**

**ISBN:**

## FOREWORD

**T**he preparation of the Academic Handbook for the Professional program of Veterinary Medicine (PPMV) of the Faculty of Veterinary Medicine (FVM), Universitas Syiah Kuala (USK) in 2021-2025 may proceed as planned with the blessings, mercy, guidance, and grace of Allah SWT. This Academic Handbook for the Professional program of Veterinary Medicine (PPMV) is a reference for PPMV activities on campus and off campus, so that PPMV program managers and participants can carry out activities in accordance with the academic signs and rules that apply at USK in accordance with the decisions of the Faculty Senate meeting which were approved by the Dean of Faculty of Veterinary Medicine, Universitas Syiah Kuala.



With the publication of the Academic Guidebook for the 2021-2025 PPMV Program, it is hoped that all parties involved, namely lecturers, students of the PPMV program, and supporting elements of the Veterinary Medicine Forum, will be able to comprehend and use it, as well as make the necessary preparations for the PPMV program.

Sincere appreciation is offered to the Management Team, Editors, and those participating in the production and publication of this book. Sincere thanks are extended to Syiah Kuala University Press for publishing this book. The 2021-2025 PPMV Program Academic Guidebook will hopefully serve as a guide for PPMV Program implementation. We recognize that this book's preparation still contains numerous flaws. Therefore, constructive suggestions are highly expected for improvement in the upcoming edition..

Banda Aceh, April 2021  
PPMV Program Coordinator,

Dr. drh. Erwin, M.Sc  
Official Reg No. 198411272008121001

## TABLE OF CONTENTS

<b>FOREWORD</b>	iv
<b>TABLE OF CONTENTS</b>	v
<b>DEAN'S MESSAGE</b>	vi
<b>CURRICULUM AND ACADEMIC CALENDAR</b>	vii
<b>I INTRODUCTION</b>	1
1.1.Back Rotation	1
1.2.Indonesian Veterinarians Competency Standards	3
1.3.Activity Objectives	4
1.4.Competency Achievement Strategy	5
<b>II CURRICULUM</b>	
2.1. Courses Distribution by Place	6
2.2. Courses Distribution by Stage	7
2.3. Description of Courses per Stage/Semester	8
<b>III ACADEMIC ADMINISTRATION OF THE PPMV PROGRAM</b>	14
3.1 PPMV Program Student Admission	14
3.1.1 Academic Requirements	14
3.1.2 Administrative Requirements	14
3.2 Study Program Implementation Period	15
3.3 PPMV Program Student Rights and Obligations	16
3.4 Graduation and Oath of Veterinarian	17
<b>IV PROCEDURE FOR IMPLEMENTING THE PPMV PROGRAM</b>	19
4.1 Procedure for Participating in the PPMV Program	19
4.2 On-Campus Lecture and Practicum Rules	21
4.3 Procedures of Lectures and Practicum at Veterinary Medicine Center	22
4.4 Rules of Vet Final Examination	23
<b>V CLOSING</b>	25

## DEAN'S MESSAGE

*Assalamualaikum warahmatullahi wabarakatuh*

**T**hank God, the 2021-2025 Academic Guidebook for the Professional Program of Veterinary Medicine, Faculty of Veterinary Medicine, Universitas Syiah Kuala (FVM USK) has been successfully completed. We pray to the presence of Allah *Subhanahu wa a'ala* for all His favors and gifts. Learning quality is one of the most important variables that must be considered while implementing an educational program. In order to ensure that veterinary graduates satisfy national and international standards, the FVM of USK implements learning standards and activities to attain standards through semester-long processes and activities.



This Academic Guidebook provides a variety of legal underpinnings, laws, and standard operating procedures, as well as the forms required for the implementation of the complete learning process in the FVM's Professional Program of Veterinary Medicine.

The preparation of standard operating procedures and standards conforms with national and international veterinary education standards. This was done in an effort to prepare FVM to become a national and international leader in higher education.

Lastly, I am hopeful that this guidebook will contribute to the advancement of the Professional Program of Veterinary Medicine and FVM in general.

Banda Aceh, April 2021  
Dean of FVM USK,

drh. Teuku Reza Ferasyi, M.Sc., Ph.D  
Official Reg, No. 197307292002121001

## CURRICULUM AND ACADEMIC CALENDAR

Admission to the Professional Program of Veterinary Medicine (PPMV) at the Faculty of Veterinary Medicine at Universitas Syiah Kuala (FVM USK) occurs throughout two admission periods per academic year, with a maximum quota of one hundred students per admission period. Accepted students will be divided into three Rotations (Stage) with a Rotation scheme for each activity (PPMV Implementation Schedule in One Year/Three Waves).

### 1. Stage 1 (1st to 5th month and 7th to 11th month each year)

Rotation	Courses				
	Veterinary Public Health and Epidemiology	Parasitology Diagnostics	Microbiology Diagnostics	Pathology Diagnostics	Veterinary Reproduction
Rotation 1	K-1	K-5	K-4	K-3	K-2
Rotation 2	K-2	K-1	K-5	K-4	K-3
Rotation 3	K-3	K-2	K-1	K-5	K-4
Rotation 4	K-4	K-3	K-2	K-1	K-5
Rotation 5	K-5	K-4	K-3	K-2	K-1
SCHEDULE OF FINAL EXAMINATION OF PPMV COURSES					
THE COORDINATOR SENDS SEMESTER GRADES TO THE STUDY PROGRAM AND GRADE APPEAL PERIOD					
ENROL PKMV MERDEKA COURSE					

### 2. Stage 2 (1st to 5th month and 7th to 11th month each year)

Rotation	Course				
	Internal disease	Surgery and Radiology	PKMV Vet Lab & Wildlife HIS.	PKMV Poultry	PKMV Ruminants
Rotation 1	K-1	K-5	K-4	K-3	K-2
Rotation 2	K-2	K-1	K-5	K-4	K-3
Rotation 3	K-3	K-2	K-1	K-5	K-4
Rotation 4	K-4	K-3	K-2	K-1	K-5
Rotation 5	K-5	K-4	K-3	K-2	K-1
SCHEDULE OF FINAL EXAMINATION OF PPMV COURSESPMVP					
THE COORDINATOR SENDS SEMESTER GRADES TO THE STUDY PROGRAM AND GRADE APPEAL PERIOD					
ENROL PKMV MERDEKA COURSE					

3. Stage 3 (1st to 5th month and 7th to 11th month each year)

Rotation	Courses			
	PKMV Merdeka	PKMV Quarantine & Slaughterhouse	Vet. Teaching Hospital	Vet. Final Exam
Rotation 1	K-1	K-4	K-3	
Rotation 2	K-2	K-1	K-4	
Rotation 3	K-3	K-2	K-1	K-1 & K- 2
Rotation 4	K-4	K-3	K-2	K-3 & K- 4
<b>COMPETENCE TEST OF CBT AND OSCE VETERINARY PROFESSIONAL STUDENTS (JANUARY, APRIL, JULY, OCTOBER)</b>				



# CHAPTER I

## INTRODUCTION

### 1.1. Introduction

In accordance with the motto of Universitas Syiah Kuala (USK), which is Innovative, Independent, and Leading, the Faculty of Veterinary Medicine (FVM) implements the *tridarma* [three pillars] of higher education, which strives to produce the best graduates. The finest graduates anticipated are veterinary graduates (drh/ veterinarian) who are professional, competent, possess analytical abilities, professional and managerial skills, and have a spirit of leadership to serve society and compete in global problems.

FVM administers a Professional Program of Veterinary Medicine to create these graduates (PPMV Program). As part of the Veterinary Education Program in Indonesia, the PPMV program continues the Bachelor of Veterinary Medicine (BVM). This is stated in the Decree of the Minister of Education and Culture of the Republic of Indonesia No. 0311 of 1994 and the results of the National Workshop on Indonesian Higher Veterinary Education, which was agreed upon by 5 (five) FVMs throughout Indonesia and the Indonesian Veterinary Association and was held in Bogor between April 26 and April 28, 1999. Another agreement reached during the conference was to convene an annual meeting to enhance the quality of PPMV Program implementation.

In compliance with Decree No. 72/UN11.1.2/KPT/2021 of the USK Rector, a curriculum for the PPMV FVM USK Even Academic Year 2020/2021 has been designed with a credit load of 40 and a duration of 3 semesters. This curriculum is superior to the previous one since it provides students with several possibilities to explore their interests in various areas of veterinary medicine. This was accomplished by deploying the PPMV program in three Rotations (Stages):

*Stage I* consists of the following on-campus activities: 1. Soft skill Development and Public Lectures; 2. Veterinary Public Health and

Epidemiology Lectures; 3. Diagnostic Parasitology; 4. Diagnostic Microbiology; 5. Pathology Diagnostics; 6. Veterinary Reproduction.

*Stage II* is a combination of on-campus and off-campus activities. On-campus activities include 1. Internal Medicine; and 2. Radiological Surgery, while activities outside the campus are: 1. Veterinary and Engineering Laboratory; 2. Poultry Apprentice; and Ruminant Apprentice.

*Stage III* is a combined activity that is inside and outside the campus. On-campus activities, in the form of 1. Activities at the Veterinary Teaching Hospital (RSHP) and 2. Vet Final Examination (UASD), while off-campus activities are in the form of 1. PKMV Quarantine and Slaughterhouse (RPH), and PKMV Merdeka.

Competency Standards for Indonesian Veterinarian Graduates were agreed upon on June 7, 2000. This symbolizes the beginning of a new age in Indonesian Veterinary Medicine Education, following the creation of a new global Animal Health paradigm with the enrichment of input from the broader community, including professional organizations such as the Indonesian Veterinary Association (PDHI). Additionally, in an effort to enhance the PPMV program, on February 4, 2005, FVM leaders from across Indonesia and the PDHI General Manager met (PB). The purpose of this meeting was to strengthen the formulation of Competency Standards for Indonesian Veterinary Graduates, which was followed by a Workshop on the Consortium of Veterinary Medicine FVM throughout Indonesia and the PB-PDHI Veterinary Profession Education Council in Bali on 16-17 July 2007 with the intention of aligning the guidelines quantitative standard signs, qualitative standards, and minimum quantitative standards that must be met by Indonesian veterinary graduates. To achieve quantitative requirements in the field of veterinary clinical science, a Workshop and National Seminar on Veterinary Clinical Sciences in the Indonesian Faculty of Veterinary Medicine was organized in Yogyakarta on 26-27 February 2008. In addition, in 2013, PB PDHI and the Association of Indonesian Veterinary Medicine Faculties hosted a Revitalization of the Veterinary Education Program for the creation of the

veterinary education curriculum (RPPKH).

Following the Decree of the Director General of Higher Education, Ministry of Education, Culture, Research, and Technology of the Republic of Indonesia Number 94/e/KPT/2021 regarding the implementation of the Competency Test for the Veterinary Professional Program Students (UKM PPMV), every new veterinarian who will be sworn in is required to pass the PPMV UKM competency test in the form of a computer-based test (CBT) and an objective structured clinical exam (OSCE). Since the implementation of this law, every PPMV student who has passed the PPMV UKM has been granted a Professional Certificate as well as a legally binding Veterinary Competency.

## **1.2. Indonesian Veterinarians Competency Standards**

Competence is the behavioral dimension of expertise or superiority of a leader or staff member who possesses superior abilities, knowledge, and behavior. Competence is also meaningful as a set of intelligent behaviors composed of knowledge, skills, ethics, and full responsibility that a person must possess in order to be acknowledged by society as having the ability to perform jobs and work. The following lists the competency categories for Veterinary Professional Education graduates:

1. Have insight into veterinary ethics and an understanding of the essence of the oath and professional code of ethics as well as basic references for veterinary medicine.
2. Have insight into the field of national animal health systems and veterinary legislation.
3. Have the skills to perform lege-artist medical procedures.
4. Have skills in dealing with several diseases in large animals, small animals, poultry, exotic animals, wild animals, aquatic animals, and laboratory animals.
5. Memiliki keterampilan dalam melakukan diagnosis klinis, laboratorik, patologik, dan epidemiologik penyakit hewan.
6. Have skills in preparing nutrition for health and medical disorders.
7. Having skills in conducting antemortem and post-mortem examinations.

8. Have skills in carrying out pregnancy examinations, handling reproductive disorders, and reproductive technology applications.
9. Having skills in supervising the safety and quality of animal products.
10. Have skills in supervising and controlling the quality of veterinary drugs and biological materials, including their use and distribution.
11. Have skills in conducting animal welfare assessment and supervision.
12. Memiliki keterampilan dalam komunikasi profesional (professional communication/dialogue).
13. Have the ability to manage and control strategic diseases, (emerging and re-emerging diseases), zoonoses, transboundary animal diseases, biosafety (biosecurity-biosafety), as well as environmental control.
14. Having the ability in “therapeutic transactions”, taking anamnesis, medical records, approval of medical actions, prescription writing, doctor's certificates, and client education.
15. Know risk analysis, veterinary economic analysis (including international trade), and entrepreneurial spirit (entrepreneurship).
16. Know about managerial and leadership of veterinary.

### **1.3. Activity Objectives**

The objective of the PPMV FVM USK program is to educate prospective veterinarians so that they meet the competency standards of Indonesian veterinary graduates who are professional, competent, sensitive, and socially responsible.

### **1.4. Competency Achievement Strategy**

In order to achieve the strategy for obtaining Indonesian Veterinary Competency Standards, two specific options can be taken: (1) through the PPMV Program, and (2) through the implementation of a Continuing Education Program or continuing education in conjunction with PDHI. The following are the PPMV Program's strategies for achieving the competency of future veterinarians:

1. The PPMV Program Curriculum is comprised of 40 credits taken over

the course of 3 (three) semesters (Rotations/Stage). This curriculum is a template for describing the competency requirements for Indonesian veterinary school graduates. The normative formulation of prospective veterinary competency requirements is elaborated in this curriculum in the form of quantitative and qualitative measures handled directly by the study program (PS) and educators in charge of PPMV Program activities. Chapter II provides a general overview of this curriculum.

2. Orderly Approach to the PPMV Program Academic Administration (Chapter III).
3. Orderly Approach to the Implementation of the PPMV Program (Chapter IV).
4. Approach to cooperation with agencies/institutions in implementing the Off-Campus PPMV Program.
5. Approach to the intensity of the interaction of educators and students.

## CHAPTER II CURRICULUM

### 2.1. Courses Distribution by Place

Based on the Faculty of Veterinary Medicine Senate meeting, it was decided that the PS-PPMV USK curriculum would be administered using a semester credit system (SKS). PS-PPMV FVM USK students are required to finish 40 credits. One credit is equivalent to one week and one week is equivalent to 42 hours, whereas one credit is equivalent to two weeks and 84 hours for off-campus practical activities.

According to structural purposes, the courses and credit load are grouped into 2 (two) groups of courses consisting of on-campus courses (28 credits), off-campus courses (10 credits), and 2 credits of Vet Final Examination.

**Table 1.** Structure of the PS PPMV FVM USK Curriculum

No	Activity Stages		Credit Load		
			Lecture	Practice	Total
<b>I</b>	<b>On-Campus Co-Assistance</b>				
	1.	Veterinary Public Health and Epidemiology.	0	3	3
	2.	Parasitology Diagnostics.	0	3	3
	3.	Microbiology Diagnostics.	0	3	3
	4.	Pathology Diagnostics.	0	3	3
	5.	Veterinary Reproduction.	0	4	4
	6.	Surgery and Radiology.	0	4	4
	7.	Veterinary Internal Medicine.	0	4	4
	8.	Vet. Veterinary Hospital Work Practice	0	4	4
	<b>Total</b>		<b>0</b>	<b>28</b>	<b>28</b>
<b>II</b>	<b>Off-Campus Co-Assistance</b>				

	1.	Poultry Veterinary Medical Practice.	0	2	2
	2.	Large Ruminant/Non-Ruminant Veterinary Medical Practice.	0	2	2
	3.	Veterinary Laboratory Work Practice.	0	2	2
	4.	<i>Merdeka</i> [independent] Veterinary Medical Practice.	0	2	2
	5.	Quarantine Veterinary Medical Practice and Slaughterhouse.	0	2	2
	<b>Total</b>		<b>0</b>	<b>10</b>	<b>10</b>
<b>III</b>	Vet final Examination (UASDH)		2	0	2
	Competency Test of the Veterinary Professional Program (UKM PPMV)				
	<b>Total</b>		<b>2</b>	<b>40</b>	<b>40</b>

## 2.2. Courses Distribution by Stage

The distribution of the FVM USK PS-PPMV course is divided into 3 (three) semesters with each semester as follows:

**Table 2.** FVM USK PS-PPMV Course Distribution

No	Activity Stages		ECTS	Credit Load (ECTS)		
				Lecture	Practice	Total
<b>I</b>	<b>Stage 1</b>					
	PPV 131	Veterinary Public Health and Epidemiology	5.6	0	3	3
	PPV 132	Parasitology Diagnostics	5.6	0	3	3
	PPV 133	Microbiology Diagnostics	5.6	0	3	3
	PPV 134	Pathology Diagnostics	5.6	0	3	3
	PPV 135	Veterinary Reproduction	7.47	0	4	4

		<b>Total</b>	<b>29.87</b>	<b>0</b>	<b>16</b>	<b>16</b>
<b>II</b>	<b>Stage 2</b>					
	PPV 136	Surgery and Radiology	7.47	0	4	4
	PPV 137	Veterinary Internal Medicine	7.47	0	4	4
	PPV 138	Poultry Veterinary Medical Practice	4.48	0	2	2
	PPV 139	Ruminant/Non-Ruminant Veterinary Medical Practice	4.48	0	2	2
	PPV 140	Veterinary Laboratory Work Practice	4.48	0	2	2
		<b>Jumlah</b>	<b>28.38</b>	<b>0</b>	<b>14</b>	<b>14</b>
<b>III</b>	<b>Stage 3</b>					
	PPV 241	Merdeka (Independent) Veterinary Medical Practice	4.48	0	2	2
	PPV 242	Quarantine Veterinary Medical Practice and RPH	4.48	0	2	2
	PPV 243	Veterinary Teaching Hospital Work Practice	8.96	0	4	4
	PPV 244	Vet Final Examination	8.96	2	2	2
		<b>Total</b>	<b>26.88</b>	<b>0</b>	<b>10</b>	<b>10</b>
<b>Grand Total</b>			<b>85.12</b>	<b>2</b>	<b>40</b>	<b>40</b>

### 2.3. Description of Courses per Stage/Semester

Silabus Mata Kuliah PS-PPMV FVM USK tahun 2021 – 2025.

#### Stage 1

##### PPV 131 Veterinary Public Health and Epidemiology (0-3)

Veterinary Public Health Co-Assistance is one of the activities to achieve the competency of prospective young veterinarians in analyzing and interpreting the quality and safety of food ingredients of animal origin (milk, meat, eggs, and their processed products), sanitation hygiene, quality assurance systems for food of



animal origin through the application of methods - good production practices, disease diagnosis, and epidemiological investigation.

### **PPV 132 Parasitology Diagnostics (0-3)**

For three weeks, students enrolled in PPMV receive co-assistance in the field of Parasitology. After completing the parasitology diagnostic rotation, PPMV students should be able to isolate and identify samples; diagnose protozoological, helminthological, and entomological diseases and understand how to treat them; identify parasites, both ectoparasites, and endoparasites; perform parasite sample testing; understand the mode of transmission, pathogenesis, clinical symptoms, and control of parasitic diseases.

### **PPV 133 Microbiology Diagnostics (0-3)**

Veterinary Laboratory Diagnostic Rotation comprises physical examination, disease history recording, laboratory data analysis, and laboratory analysis procedures comprehension. After completing co-assistance in the field of Microbiology, it is anticipated that: PPMV students will be able to conduct additional laboratory analysis of isolation and identification of bacterial, viral, serological, and microscopic samples; students will be able to diagnose microbial, viral, and microscopic diseases and comprehend how to treat them; and students will be able to provide professional consultations on laboratory analysis.

### **PPV 134 Pathology Diagnostics (0-3)**

Pathology Diagnostics is a three-week course for PPMV students. The content includes euthanasia techniques, necropsy, filling out and describing pathological lesion findings in the necropsy protocol, collecting and sending specimens aseptically, documenting pathological lesion findings, and determining the diagnosis and differential diagnosis based on anatomical and histopathological pathological findings.

### **PPV 135 Veterinary Reproduction (0-3)**

Co-assistance in Reproduction is a four-week course offered to PPMV students. The course material covers reproduction's anatomy and physiology, reproductive cycle, hormonal reproduction, frozen sperm production, artificial insemination, embryo transfer, pregnancy examination, dystocia and sterility and birth assistance, and infertility therapy. Students' abilities to perform artificial insemination, diagnose pregnancy and reproductive disorders, and perform reproductive procedures on livestock are evaluated.

## **Stage 2**

### **PPV 136 Surgery And Radiology (0-4)**

Four weeks of co-assistance in the fields of Surgery and Radiology are provided to PPMV students. The material covered includes physical and laboratory diagnostic procedures, making a diagnosis, determining the prognosis and therapy for small animal diseases, administering emergency medical care (critical care), examining and interpreting radiological results (x-rays and ultrasonography), injection anesthesia, inhalation anesthesia, and small animal surgery. Students' abilities to make a diagnosis, interpret radiological results, and treat small animal diseases, as well as their comprehension and capacity to perform small animal procedures according to standards, are evaluated.

### **PPV 137 Veterinary Internal Medicine (0-4)**

PPMV students are provided with four weeks of co-assistance in internal medicine and clinical pathology. The material covered includes anamnesis, clinical examination, selection of supporting diagnoses, implementation of both physical and laboratory diagnostics, establishing diagnoses and supporting diagnoses, determining prognosis and treatment of small animal diseases, administering medical emergency care (critical care), and examining and interpreting radiological results. Students' abilities to take a history, perform a clinical exam, interpret the results of a clinical pathology exam, determine the prognosis and treatment of small animal diseases, and educate animal owners are evaluated.

### **PPV 138 Poultry Veterinary Medical Practice (0-2)**

In this course, students spend four weeks participating in field practice learning activities at poultry/chicken farms, including broiler farms, laying farms, and breeding farms/hatcheries. Examine post-production management including preparation of pens and seedlings for production, market distribution chain, and product assurance for veterinary public health.

### **PPV 139 Ruminant/Non-Ruminant Veterinary Medical Practice (0-2)**

The area of ruminant veterinary medical practice on ruminants or non-ruminants is covered by this co-assistance. The information supplied on ruminant or non-ruminant farms covers skills and strategies for maintaining ruminant or non-ruminant animals, managing reproduction, diagnosing livestock ailments, and managing feed management. Additionally, the administration and management of ruminant or non-ruminant animals are taught to the pupils. Exams are administered as a kind of evaluation following fieldwork practice.

### **PPV 140 Veterinary Laboratory Work Practice (0-2)**

Co-assistance in the field of veterinary laboratory work practice is carried out at government Veterinary Laboratories. The material provided includes veterinary laboratory administration, reception, and processing of infectious and non-infectious specimens. Additionally, students learn about the most recent veterinary laboratory technologies that aid in diagnosing, treating, and preventing disease in animals.

## **Stage 3**

### **PPV 241 Merdeka (independent) Veterinary Medical Practice (0-2)**

This course allows PPMV students to choose their work practicums based on their interests, allowing them to focus their talents on their preferred sectors. This course may be taken during the semester break, and the passing grade will be

entered in the third-semester KHS. According to student interests, the training lasts for four weeks and consists of work experience in veterinary care. Zoos, horse farms, animal clinics/animal hospitals, health centers, and the breeding of exotic and aquatic animals are a few examples of veterinary medicine delivery systems.

#### **PPV 242 Veterinary Teaching Hospital Work Practice (0-2)**

Students can manage incoming patients at the Teaching Veterinary Hospital and comprehend the workflow (administration) of the hospital (RSHP). Comprehend the procedures for completing and collecting information for the medical records of animals admitted to the RSHP. Students can perform the steps of diagnosing animal disease cases that are submitted to the RSHP and make a diagnosis. Students can supervise the handling of infectious disease cases and diagnose infectious disease cases as a team. Students are able to manage surgical cases in conjunction with the results of X-ray, endoscopic, and ultrasound interpretation (USG). Students are able to describe the outcomes of integrating disease, surgery, and X-ray findings into medical records.

#### **PPV 243 Quarantine Work Practices And Animal Slaughterhouses (0-2)**

Co-assistance Services, Quarantine, and Slaughterhouse (RPH) are a deepening of knowledge and understanding of the application of veterinary legislation (Veterinary Authority, RPH, Animal Quarantine, etc.) and skills improvement in carrying out antemortem and post-mortem inspections on cattle and chickens, supervision of the Public Health Service, assessing and supervising animal welfare in slaughterhouses, slaughterhouse requirements and waste handling and monitoring of animal and animal product traffic.

#### **PPV 244 Vet Final Examination (2-0)**

The Vet Final Examination (UASDH) is the final stage of a comprehensive study. PPMV students prepare all final study reports from each co-assistance course under the guidance of a supervisor and will be tested by 3 (three) lecturers.

## **Competency Test of Professional Program of Veterinary Medicine Students (UKM PPMV)**

The competency Test for the Professional Program of Veterinary Medicine Students (UKM PPMV) is held nationally 4 (four) times a year in January, April, July, and October. UKM PPMV implementation in the form of Computer Based Test (CBT) and Objective Structured Clinical Examination (OSCE). The PPMV Program Student Competency Test is carried out by the PPMV UKM National Committee. If a student has not passed UKM PPMV, then the student cannot be sworn in as a veterinarian and must repeat UKM PPMV at the FVM organizing UKM PPMV in Indonesia.

## **CHAPTER III ACADEMIC ADMINISTRATION OF THE PPMV PROGRAM**

### **3.1. PPMV Program Student Admission**

#### **1. Academic Requirements**

- a) Holders of a Bachelor of Veterinary Medicine (BVM) certificate from the Faculty of Veterinary Medicine in Indonesia, as well as graduates from other countries whose equivalence can be accepted based on applicable provisions (accreditation), are eligible to enroll in the PPMV Program. FVM USK Leaders will also give these students special consideration.
- b) The FVM leadership will take into account applicants for the PPMV Program who hold a Bachelor of Veterinary Medicine (BVM) degree and graduated from an Indonesian Faculty of Veterinary Medicine (other than the FVM USK) with a "Good" accreditation score.
- c) PPMV Program student admissions are a maximum of 100 (one hundred) people/semester/Stage.
- d) Admissions to the PPMV Program are offered twice a year, in May/June and October/November.
- e) If it becomes essential to change academic criteria throughout the implementation of the PPMV Program, a decision will be made later.

#### **2. Administrative requirements**

- a) Submit a photocopy or certified copy of your Certificate of

Graduation (SKL) or Bachelor of Veterinary Medicine.

- b) Submit a photocopy of the membership card/participation in health insurance (BPJS or the like).
- c) Submit a certificate of physical and mental health from the Government Hospital.
- d) Submit a certificate of endemic disease vaccine certificate.
- e) Complete the Student Registration Form and Statement Letter for the PPMV Program.
- f) Submit a copy/photocopy of a valid payment receipt for the PPMV Program Operational Costs stated.
- g) Submit two (2) recent color images sized 2x3 centimeters and 4x6 centimeters.
- h) PPMV Program students who have registered and fulfilled administrative conditions will receive student numbers as PPMV FVM USK students.

### **3.2. PPMV Program Student Rights and Obligations**

- 1. The PPMV Program student admission period occurs twice every year.
- 2. Each Rotation or Stage of the PPMV Program has a maximum of one hundred (100) students, who are divided into five (5) activity groups.
- 3. Under the timetable of activities/academic calendar at USK's FVM, the PPMV Program's implementation period is three semesters or eighteen months.
- 4. Every PPMV Program Student who is obliged to postpone, cancel, or request leave from the PPMV Program must obtain authorization from the FVM Leader following academic regulations at USK, and within a period of no more than 2 (two) semesters/Stage.
- 5. Students enrolled in the PPMV Program who participate in activities lasting more than 18 (eighteen) months will incur additional BOP each semester/Stage.

6. During this time, each PPMV Program Student will be divided into activity groups and will be expected to participate in activities based on a rotation system, time, and activity type from each rotation.
7. After the PPMV Program rotation, students participated in UASDH by submitting 7 (seven) Comprehensive Reports from each PPMV Program activity.
8. Participants who are unable to complete all PPMV Program activities within four semesters/Stage (two years) are considered to have failed the PPMV Program and have Drop Out (DO) status.
9. Participants who do not finish their studies within 2 (two) years may begin afresh by re-enrolling in the PPMV Program and assuming the status of a new participant with new rights and responsibilities.
10. Participants in the FVM USK PPMV Program who fail to complete their studies within two years are only permitted one (one) repetition.

### **3.3. PPMV Program Student Rights and Obligations**

1. Every PPMV Program Student has the right to receive educational services in accordance with predetermined program objectives.
2. Every PPMV Program Student is entitled to library services in the USK environment by first registering as a member of the Central Library.
3. Every PPMV Program Student is required to register for health insurance such as BPJS or the like while participating in the PPMV Program.
4. Every PPMV Program Student is required to maintain the norms and ethics that apply at USK's FVM.
5. Every Student of the PPMV Program is required to dress neatly and politely while participating in the PPMV Program in accordance with the situation, conditions, type, and time of activity that he participates in (lectures,



seminars, *stadium generale*, laboratories and field).

6. Every PPMV Program Student is obligated to participate in every PPMV activity that has been established.
7. Absence of 3 (three) days in each type of PPMV Program activity that he participates in is required to replace his/ her absence and absence for 5 (five) days is required to repeat activities with the next group in accordance with the rules that apply to the PPMV Program.
8. Each PPMV Program Student is responsible for providing the equipment (minimum) specified by the PPMV Program organizers for use in the section/laboratory and/or field laboratory.
9. Every PPMV Program Student is obliged to pay the PPMV Program Educational Operational Fee (BOP), the amount of which is established each semester. The payment process adheres to the financial administration protocols of the FVM PPMV Program, which corresponds to the USK financial system.
10. If the payment is not made on time, the FVM USK leadership will issue a letter of reprimand, and the individual will not get Academic Services until the BOP payment has been completed.
11. If, after being registered as a PPMV Program Student, you are unable to participate in the series of programs for any reason, the BOP will not be refunded and you will be forced to repay the BOP in accordance with the conditions in effect at the time of registration.

#### **3.4. Graduation and Oath of Veterinarian**

2. Students of the PPMV Program who have completed all the required rotation/load of learning activities (40 credits) with a minimum grade of "C" and learning outcomes with a GPA of at least 3.0, as required by the

Regulation of the Minister of Research, Technology and Education RI Number 44 of 2015 concerning National Higher Education Standards, are eligible for graduation.

3. The National Committee for Competency Test for Veterinary Profession Program Students (KN UKM PPMV) administers the Student Competency Test for the Veterinary Profession Program (UKM PPMV) four times a year. Students who have completed the PPMV Program rotation activities (according to point 1) will be registered to take the test.
4. Every PPMV Program student will be sworn in as a veterinarian upon completion of all PPMV Program activity rotations and passing the National Veterinary Profession Program Student Competency Test (UKM PPMV) to acquire a Veterinary Profession Certificate.
5. Students who have fulfilled all the requirements for completing studies at the PPMV Program (PPMV) will be given the predicate of **Cum Laude, Very Satisfactory, and Satisfactory**, with the following conditions:

Graduation Predicate	Provision	
	GPA	Study period
Cum Laude	3.76 – 4.00	3 semesters
Very Satisfactory	3.50 – 3.75	3 semesters
Satisfactory	3.00 – 3.49	> 3 semesters

## **CHAPTER IV RULES FOR IMPLEMENTING THE PPMV PROGRAM**

### **4.1 Procedure for Participating in the PPMV Program**

1. Prospective students who have completed their Veterinary Education can enroll in the PPMV program (PDH).
2. Prospective must satisfy academic, administrative, and registration criteria.
3. In order to participate in the PPMV Program, students must submit a health certificate and vaccination certificate for endemic diseases.
4. Students in the PPMV Program are required to attend 100% of all lecture activities and 100% of all practicum activities held at the PPMV Program Stages I, II, and III.
5. The implementation of the PPMV program organized by the PPMV Program organizing laboratory is adjusted to the working hours/times that apply in the FVM environment.
6. PPMV Program students will be divided into groups and distributed to each laboratory/section according to the rotation system in Table 3:

Table 3. Details of PPMV Courses at Stages I, II, and III

<b>No</b>	<b>Stage and course</b>	<b>Duration (week)</b>	<b>Location</b>	<b>Total Credits</b>
<b>Stage I</b>				

1	Veterinary Public Health and Epidemiology	4	On Campus	3
2	Parasitology Diagnostics	4	On Campus	3
3	Microbiology Diagnostics	4	On Campus	3
4	Pathology Diagnostics	4	On Campus	3
5	Veterinary Reproduction	4	On Campus	4
<b>Stage II</b>				
6	Internal disease	4	On campus	4
7	Surgery and Radiology	4	On campus	4
8	Veterinary Medical Work Practice Veterinary Laboratory and Wildlife Technology	4	Veterinary Medicine Center	2
9	Poultry Veterinary Medical Practice	4	Veterinary Medicine Center	2
10	Ruminant/Non-Ruminant Veterinary Medical Practice	4	Veterinary Medicine Center	2
<b>Stage III</b>				
11	Independent Veterinary Medical Practice	4	Veterinary Medicine Center	2
12	Quarantine Veterinary Medical Practice and Slaughterhouse	4	Veterinary Medicine Center	2

14	Educational Animal Hospital	4	On Campus	4
15	Vet Final Examination	4	On Campus	2

7. The lecture period ends after an evaluation is held with the provision of passing the exam with a Quality Grade:

- A : Very satisfactory
- AB : satisfactory
- B : Good
- BC : Credit
- C : Pass

8. PPMV Program students who do not achieve a passing grade for a course, or get a D, are given the opportunity to repeat the course when they are in Stage III.
9. In accordance with the academic rules that apply at USK, PPMV students who get BC grades CANNOT make grade corrections.
10. Mahasiswa Program PPMV diwajibkan mengikuti secara aktif Seminar Akademik maupun kegiatan ilmiah lainnya yang dilaksanakan atau direkomendasikan oleh Fakultas.
11. PPMV Program students are responsible for the maintenance and security of laboratory equipment during the activity.
12. Students in the PPMV Program are required to repair laboratory/field equipment damaged or lost due to carelessness during activities on or off campus.
13. Students are prohibited from presenting lecturers and staff who are suspected or reasonably suspected of influencing the provision of services with gifts or other acts.
14. PPMV students use personal pronouns in communicating with fellow employees, lecturers and students both inside and at Centers with the word “*saya* [It is more polite than using '*aku*', which also means 'I']”.

15. Students use greeting pronouns to fellow students both inside and at the Veterinary Medicine Center with the pronoun “*Saudara*” [[It is more polite than using '*kamu*', which also means 'you'.
16. PPMV students use pronouns of greeting to lecturers with the word “*doctor*”.

#### **4.2 Procedures of the On-Campus Lecture and Practicum**

1. The Off-Campus PPMV stage is completed in 36 weeks and is worth 30 credits.
2. Students are placed in laboratories/activity units on campus to carry out the implementation of PPMV for the Stage I.
3. PPMV Program students who do not take part in lectures and practicum activities at Stage I according to the regulations determined by the FVM, then those concerned are not allowed to take part in the next Stage.
4. PPMV Program students who violate the rules will be subject to academic sanctions and are allowed to attend lectures again in accordance with the provisions that apply at USK's FVM.
5. Teaching personnel are permitted to expel PPMV Program students who break lecturing and practicum ethics during lecture and practicum activities.
6. Teaching Staff have the right to cancel the exam of a PPMV Program Student who has been demonstrated to have cheated or acted irresponsibly.
7. Students attend and go home on time according to the specified schedule of lectures and practicum.
8. Wear neat and polite clothes (do not wear jeans and T-shirts).
9. During lectures and practicum activities, students are required to wear a laboratory coat or special clothes (scrubs) that have been determined by each laboratory. Especially in animal cages, wear packs and cage shoes are used.

10. Always maintain the attitude and behavior of a prospective veterinarian.

### **4.3 Procedures of Lectures and Practicum at Veterinary Medicine Center**

1. The PPMV Program stage at the Veterinary Medicine Center is completed in 20 weeks and is worth 10 credits.
2. Every PPMV Program Student assigned to the Veterinary Medicine Center must comply with all applicable center regulations.
3. Students must report/submit an official letter of introduction from the campus to the Field Coordinator on the first day they come to the PPMV Activity Center.
4. Students must bring mandatory equipment as prospective doctors, such as log books, work clothes (work packs), boots, stethoscopes, thermometers, minor surgery sets, and other additional equipment needed in carrying out activities.
5. Students must be able to work together in teams and be ready to work 24 hours a day in handling field cases accompanied by field officers.
6. The attendance and assessment of PPMV Program students at the Center is the responsibility of and is handed over to the local agency based on the assessment form.
7. Students are required to submit activity reports and assessment forms that have been filled out and signed by the Field Coordinator to the Course Coordinator at the end of the rotation held at the Veterinary Medicine Center.

### **4.4 T Rules of Vet Final Examination**

The Final Veterinarian Examination (UASDH) is a comprehensive test designed to encourage future veterinarians to think critically and comprehensively. In order to implement UASDH, students create a Comprehensive Report that details the situations they have addressed while

completing the PPMV Program activities. This paper describes the approaches utilized for diagnosing, treating, and educating customers. It is envisaged that the Final Examination of the PPMV Program can become a venue for dialogue between students and lecturers at FVM USK in order to develop veterinarians with analytical abilities and skills that meet Indonesian competency criteria.

Rules of Vet Final Examination:

1. The Final Vet Examination is administered orally and is comprehensive in character; it takes the form of a trial exam.
2. The examination is administered by 1 supervising lecturer, 2 lecturers, and 1 advisor lecturer and lasts 60-90 minutes per candidate.
3. In implementing UASDH, students are required to wear a white long-sleeved shirt, tie, black trousers, and wear a long-sleeved Doctor's coat/snelli and a neat identity card (Name tag) and wear a doctor's coat..
4. Female students are required to wear long sleeves (not too tight), matching headscarves (for Muslim women), and skirts made of material that covers the feet.
5. Students must be present 15 minutes prior to the start of UASDH.
6. During the exam, students are not permitted to enter or exit the examination room.
7. If PPMV Program students are deemed unable to pass, they are permitted to retake the examination. The timing of the retest will be set at a later date.
8. Prior to the implementation of the Graduation activities, students who have been deemed to have completed the exam may not use the title of veterinary doctor.



## **CHAPTER V CLOSING**

The major objective of veterinary professional education is to promote animal, human, and environmental health. To achieve these goals, every institution involved in veterinary professional education should adopt and implement specific standards, allowing the entire educational process to produce graduates of the highest caliber. Veterinary Education Institutions and other stakeholders may use the Veterinary Professional Education Standard as a quality assurance instrument. Educational standards can be used to assess the input, process, and output of educational programs based on established competencies. In addition, educational standards can be used for self-evaluation when building a program to continually improve the educational process' quality. This Veterinary Professional Education Standard is still of a broad character and serves as a guide for veterinary education

organization. In order to obtain Ministry of Education and Culture approval, the Association of Indonesian Veterinary Medicine Faculties (AFVMI) and the Indonesian Veterinary Association (PDHI) must develop more specific education standards and competency standards in accordance with their respective branches of science, along with measurable performance indicators to evaluate the performance of program administrators. It is hoped that with the implementation of the Veterinary Profession Education Standard, constant monitoring and assessment of Veterinary Profession education will be possible in order to ensure the quality of education and promote the health of animals, society, and the environment.



# ACADEMIC GUIDEBOOK

MEDICAL DOCTOR PROFESSION STUDY PROGRAM



Editor :

Roziana

Safrizal Rahman

UNIVERSITAS SYIAH KUALA  
2021/2022



# MINISTRY OF EDUCATION AND CULTURE

UNIVERSITAS SYIAH KUALA

**FACULTY OF MEDICINE**

Darussalam, Banda Aceh

Phone (0651) 7551843, Facsimile (0651) 7551843

Email: [fk@unsyiah.ac.id](mailto:fk@unsyiah.ac.id), and [dekan.fk@unsyiah.ac.id](mailto:dekan.fk@unsyiah.ac.id)

Postal Code 23111

DECREE OF  
THE DEAN OF THE FACULTY OF MEDICINE  
UNIVERSITAS SYIAH KUALA

NUMBER: 364/UN11.7/KPT/2021

CONCERNING

THE APPOINTMENT OF AN AD HOC TEAM TO COMPILE AN ACADEMIC GUIDEBOOK FOR  
THE MEDICAL DOCTOR PROFESSION STUDY PROGRAM, FACULTY OF MEDICINE,  
UNIVERSITAS SYIAH KUALA.

DEAN OF THE FACULTY OF MEDICINE OF UNIVERSITAS SYIAH KUALA

Referring to in :     a. that for the smooth preparation of the Revision of the Academic Handbook of the Medical Profession Study Program, Faculty of Medicine, Universitas Syiah Kuala 2021-2024, it is necessary to appoint a Team in charge of it.  
                              b. that for this purpose, it needs to be stipulated by a Dean Decree

Considering :     1. Law of the Republic of Indonesia Number 17 of 2003 concerning State Finance.  
                          2. Law of the Republic of Indonesia No. 20/2003 concerning the National Education System  
                          3. Law of the Republic of Indonesia Number 12 of 2012 concerning Higher Education  
                          4. Law of the Republic of Indonesia Number 9 of 2020 concerning the State Budget for Fiscal Year 2021  
                          5. Law of the Republic of Indonesia Number 5 of 2014 concerning the State Civil Apparatus.  
                          6. Government Regulation of the Republic of Indonesia Number 4 of 2014 concerning the Implementation of Higher Education and Management of Higher Education.  
                          7. Regulation of Minister of Research, Technology, and Higher Education of the Republic of Indonesia Number 48 on 2015 jo. Number 124 of 2016 on the Management Organization of Universitas Syiah Kuala  
                          8. Regulation of the Minister of Research, Technology, and Higher Education No. 99 of 2016 on the Statute of Universitas Syiah Kuala  
                          9. Regulation of the Minister of Finance of the Republic of Indonesia Number 119/PMk.02/2020 concerning Standard Input Costs in 2021.  
                          10. Decree of the Minister of Education, Culture, Research, and Technology Number 11837/MPK.A/KP.07.00/2022 concerning the Appointment of Rector of Universitas Syiah Kuala for the 2022-2026 period  
                          11. Decree of the Minister of Finance of the Republic of Indonesia Number 361/KMK.05/2018 about the Determination of Universitas Syiah Kuala at the Ministry of Research, Technology, and Higher Education as a Government Agency that Applies the Public Service Agency Financial Management Pattern  
                          12. Decree of the Rector of Universitas Syiah Kuala Number 691/UN11/KPT/2020 on the Appointment of the Dean of the Faculty of Medicine, Universitas Syiah Kuala



MINISTRY OF EDUCATION AND CULTURE  
UNIVERSITAS SYIAH KUALA  
**FACULTY OF MEDICINE**

Darussalam, Banda Aceh

Phone (0651) 7551843, Facsimile (0651) 7551843

Email: [fk@unsyiah.ac.id](mailto:fk@unsyiah.ac.id), and [dekan.fk@unsyiah.ac.id](mailto:dekan.fk@unsyiah.ac.id)

Postal Code 23111

DECIDES:

- To enact : DECISION OF THE DEAN OF THE FACULTY OF MEDICINE, UNIVERSITAS SYIAH KUALA, CONCERNING THE APPOINTMENT OF AN AD HOC TEAM TO COMPILE AN ACADEMIC GUIDEBOOK FOR THE MEDICAL DOCTOR PROFESSION STUDY PROGRAM, FACULTY OF MEDICINE, UNIVERSITAS SYIAH KUALA.
- FIRST : Appointing those whose names are listed in the list of attachments to this decision as an Ad Hoc Team for the Revision of the Academic Guide Book of the Medical Doctor Profession Study Program, Faculty of Medicine, Universitas Syiah Kuala.
- THIRD : This decision shall be effective as of the date of its promulgation. Provided that in this decision, it turns out that there is an error, it will be corrected accordingly.

Stipulated in : Darussalam, Banda Aceh

On : December 27, 2021

DEAN OF THE FACULTY OF MEDICINE  
UNIVERSITAS SYIAH KUALA

Signed & Stamped

Prof. Dr. dr. Maimun Syukri. Sp.PD-KGH., FINASIM  
Official Reg. No. 196112251990021001

A copy of this decision is submitted to:

1. Rector of Universitas Syiah Kuala in Darussalam
2. The person concerned.
3. Archive



MINISTRY OF EDUCATION AND CULTURE  
UNIVERSITAS SYIAH KUALA  
FACULTY OF MEDICINE

Darussalam, Banda Aceh  
Phone (0651) 7551843, Facsimile (0651) 7551843  
Email: [fk@unsyiah.ac.id](mailto:fk@unsyiah.ac.id), and [dekan.fk@unsyiah.ac.id](mailto:dekan.fk@unsyiah.ac.id)

Postal Code 23111

Attachment : Decree of the Dean of the Faculty of Medicine, Universitas Syiah Kuala Number 364 / UN11.7 / KPT / 2021 on December 27, 2022, concerning the Appointment of the Ad Hoc Team for the Revision of the Academic Guidebook for the Medical Doctor Profession Study Program, Faculty of Medicine, University Syiah Kuala.

No.	Name/Official Reg. No.	Rank	Position in the Service	Position in the Team	Task Description
1.	Prof. Dr. dr. Maimun Syukri. Sp.PD-KGH., FINASIM 196112251990021001	IV/d	Dean	Director	Directing the activities of preparing revisions to the academic guidelines of the medical doctor profession
2.	Dr. dr. Safrizal Rahman, M.Kes.Sp.OT 199710409 200003 1 001	III/c	Vice Dean I	Person in Charge	Coordinating inter-team cooperation in the preparation of revisions to the academic guidelines of the medical doctor profession
3.	dr. Roziana, M..Ked.SpOG (K) UroginRE 19820606 200501 2 004	III/c	Coordinator of Medical Doctor Program Study Program	Chairman	Coordinating the revision process of the academic guidelines of the medical doctor profession and drafting Chapter III.
4.	dr. Syamsul Rizal, SpBP RE 19780725 200604 1 018	III/b	Head of Study Program of Plastic Surgery	Vice Chairman	Drafting Chapter I
5.	dr. Rima Novirianty, Sp.Onk.Rad 19981112 3200801 2 016	III/c	Coordinator of Medical Education Study Program	Secretary	Drafting Chapter II
6.	Sulistina Widyastuti, SE 19750802 199903 2 003	III/d	Sub-Coordinator of Academic Section	Member	Aligning book content with university guidelines
7.	Cut Nurnjmi, SKM 1930904 201701 2 101	-	Administration Staff	Member	Laying out the book
8.	Nurfaizah, A.Md. 19971111 2021042 1 001	-	Administration Staff	Member	Designing the book cover

Stipulated in : Darussalam, Banda Aceh  
On : December 27, 2021

DEAN OF THE FACULTY OF MEDICINE  
UNIVERSITAS SYIAH KUALA

Signed & Stamped

Prof. Dr. dr. Maimun Syukri. Sp.PD-KGH., FINASIM  
Official Reg. No. 196112251990021001

VALIDATION SHEET

ACADEMIC GUIDEBOOK OF MEDICAL DOCTOR PROGRAM



Banda Aceh, January 16, 2022

Dean of the Faculty of Medicine, Universitas Syiah Kuala

Signed & Stamped

Prof. Dr. dr. Maimun Syukri. Sp.PD-KGH., FINASIM

Official Reg. No. 196112251990021001



FACULTY OF MEDICINE  
UNIVERSITAS SYIAH KUALA  
DARUSSALAM

DOCUMENT

ACADEMIC GUIDEBOOK

**MEDICAL DOCTOR PROGRAM**

THE FACULTY OF MEDICINE, UNIVERSITAS SYIAH KUALA, 2022

©2022, THE FACULTY OF MEDICINE, UNIVERSITAS SYIAH KUALA,

Darussalam-Banda Aceh 23111

Telephone : (0651) 51977, Ext. 137

Fax: (0651) 52053

Home Page : [www.fk.unsyiah.ac.id](http://www.fk.unsyiah.ac.id)



DOCUMENT

ACADEMIC GUIDEBOOK

**MEDICAL DOCTOR PROGRAM**

THE FACULTY OF MEDICINE, UNIVERSITAS SYIAH KUALA, 2022

**Copyright ©2022 by Faculty of Medicine of Universitas Syiah Kuala**

**Printed in Darussalam**

Published by Faculty of Medicine, Universitas Syiah Kuala

All copyrights are preserved

**This publication is protected by Copyright Law and must be authorized by the publisher before reproduction, storage, or distribution in electronic, mechanical, photocopying and recording, or any other form.**

**DRAFTING TEAM**  
**CLINICAL CLERKSHIP GUIDEBOOK FOR MEDICAL DOCTORS**  
**FACULTY OF MEDICINE OF USK**

**Prof. Dr. Dr. Maimun Syukri, Sp.PD-KGH., FINASIM**

**Dr. dr. Safrizal Rahman, M.Kes, Sp.OT**

**dr. Roziana, M.Ked , SpOG-K UroginRE**

**dr. Syamsul Rizal, SpBP-RE**

**dr. Ima Indirayani, Dr. ObGyn , Sp.OG**

**dr. Adewiah, Sp.PD**

## FOREWORD

Based on the 2021 Curriculum, Junior Doctors (DM) will complete 4 semesters of Medical Doctor Program, consisting of 41 credits of Mandatory Courses and 4 credits of Elective Courses. The Academic Guidebook for the Medical Doctor Program (PPD) Faculty of Medicine, Universitas Syiah Kuala, is a guideline for the implementation of the Medical Doctor Program activities, which are carried out for 4 semesters in 23 sections gradually and continuously. The guideline is equipped with a schedule of activities and rules for Junior doctors (DM). It also contains the duties of teaching staff in conducting the teaching and learning process and providing assessment/evaluation to determine doctor graduation based on guidelines from the 2019 Indonesian National Standards for Medical Doctor Program (SNPPDI).

We would like to thank all those who have helped revise this book. Considering that the educational process of the Medical Doctor Program continues to develop, we expect input and suggestions for future improvements.

Hopefully, this guidebook will be useful in supporting the success of the medical professional education process at the Faculty of Medicine, Universitas Syiah Kuala, and contribute to medical doctor programs in Indonesia.

Banda Aceh, January , 2022

Editor

PREFACE  
DEAN OF THE FACULTY OF MEDICINE  
UNIVERSITAS SYIAH KUALA

Assalamualaikum Wr. Wb.

Alhamdulillah, thanks to the blessings and guidance of Allah SWT, finally, the revision of the Academic Guidebook for the Medical Doctor Program, Faculty of Medicine, Universitas Syiah Kuala for the 2021/2022 Academic Year can be completed with contents that have been adjusted to the new Curriculum. Therefore, we appreciate all contributors and the drafting team who have helped complete this book.

This guidebook is the basis for the implementation of teaching and learning activities for both teaching staff and Junior Doctors at the Medical Doctor Program, Faculty of Medicine, Universitas Syiah Kuala, and serves as a guideline for the implementation of academic activities for Junior Doctors in the 2021/2022 academic year.

It is hoped that all teaching staff, educators, and academic supervisors can best use this guidebook. We hope that Junior Doctors can carefully understand the rules and regulations in this guidebook so that the education process of the medical doctor profession can be completed on time with good results.

Banda Aceh, January ,2022

Dean of Faculty of Medicine  
Universitas Syiah Kuala

Signed

**Prof. Dr. dr. Mimun Syukri, Sp.PD-KGH**  
Official Reg. No. 196112251990021001

## TABLE OF CONTENTS

Foreword.....	iv
Preface of the Dean of the Faculty of Medicine, Universitas of Syiah Kuala.....	v
Table of Contents .....	vi
List of Figures .....	vii
List of Table.....	viii
List of Abbreviation .....	ix
CHAPTER I INTRODUCTION .....	1
A. Background .....	1
B. Competency-Based Curriculum in accordance with the SNPPDI of 2019.....	4
CHAPTER II OBJECTIVES, STAGES OF MEDICAL DOCTOR PROGRAM, AND DOCTOR COMPETENCIES	
A. Objectives of Medical Doctor Program .....	6
B. Medical Doctor Program Orientation.....	6
C. Stages of Medical Doctor Program.....	7
D. Medical Doctor Competency.....	17
E. Competency Description .....	11
CHAPTER III MEDICAL DOCTOR PROGRAM.....	21
A. General Instructions for the Medical Doctor Program.....	21
B. Examination in the Medical Doctor Program.....	25
C. Length of Medical Doctor Program.....	30
D. Rules for Leaving Clinical Registrar Activities.....	30
E. Academic Sanctions.....	31
F. Provisions for passing a doctor and awarding a diploma .....	32
G. Student Transfer.....	32
H. Additional Provisions.....	32

## LIST OF FIGURES

Figure 1 National Health System in Presidential Regulation No. 72/2012 and Its Sub-systems .....	9
Figure 2 Schematic of Competency Area Groups and Competency Areas .....	19
Figure 3 SKDI 2019 Conceptual Framework .....	20
Figure 4 Cycle of Medical Doctor Program and Evaluation .....	24

## LIST OF TABLES

Table 1. Differences in SKDI according to various aspects.....	7
Table 2. Distribution of Academic Curriculum for Medical Doctor Profession Study Program 2021 .....	23
Table 3. Assessment Weight of the Medical Doctor Program Examination.....	28
Table 4. Assessment Guidelines for Medical Doctor Profession Study Program .....	29
Table 5. Graduation Predicate of Doctor Professional Education Program.....	30

## LIST OF ABBREVIATIONS

- CBT : Computer-Based Testing
- DM : Junior Doctor
- FK : Faculty of Medicine
- KKI : Indonesian Medical Council
- OSCE : Objective Structured Clinical Examination
- PAP : Benchmark Reference Assessment
- PBT : Paper-Based Test
- RSUDZA : dr. Zainoel Abidin Regional General Hospital
- SKDI : Indonesian Medical Doctor Competency Standards
- SKS : Semester Credit System
- SNPPDI : National Standard for Indonesian Medical Doctor Program
- S.Ked : Bachelor of Medical Education
- UKMPPD : Competency Test for Medical Doctor Program Students
- USK : Universitas Syiah Kuala



# **CHAPTER I**

## **INTRODUCTION**

### **A. BACKGROUND**

The desire of the people of Aceh in the early 1960s to have a medical doctor program in Aceh was responded to by the chairman of the Presidium of Universitas Syiah Kuala (USK), Drs. Marzuki Nyakman by initiating the need to prepare a Faculty of Medicine (FK) within USK. This was realized by Decree No. 2411/USK/UP-1964 concerning the Establishment of a Preparatory Committee for the Establishment of the Faculty of Medicine within USK. The Mayor of Banda Aceh, T. Oesman Jacob, was appointed as the Chairman of the committee and the Regent of Aceh Besar, H. Zaini Bakri, as the committee's vice chairman. However, this committee could not realize the establishment of the Faculty of Medicine at USK due to obstacles at that time.

Further attention came from the Minister of Health of the Republic of Indonesia to realize the existence of a Faculty of Medicine within the USK with a letter to the Commander of the Interregional Command (KOANDA) throughout Sumatra in Medan on October 3, 1967, No. Kab/BCH/249/67, asking KOANDA to help prepare the construction of Banda Aceh Hospital to become a Teaching Hospital. Unfortunately, due to the political situation and other supporting factors that are not yet adequate, the committee has not been able to complete the task.

When the Minister of Education and Culture, Prof. Dr. Daoed Joesoef, made a working visit to the Special Region of Aceh on June 11, 1979, at a meeting with community leaders, local government, Regional House of Representatives (DPRD), and the Aceh Ulama Council, these leaders asked the Minister of Education and Culture to be willing to provide facilities and priority for the establishment of a Faculty of Medicine in the Special Region of Aceh.

In response to the Minister of Education and Culture's approval, in the first stage, the Governor of Special Region of Aceh, Prof. A. A. Majid Ibrahim, with Decree No. 412.5/321/1979 dated June 23, 1979, formed the Preparatory Body for the Establishment of Faculty of Medicine of USK.

The results of this body's work were presented in a report on the preparation for the establishment/opening of the Faculty of Medicine of USK in Banda Aceh in 1979. This report was submitted to the Minister of Education and Culture in Jakarta in August 1979. The next step, the Directorate General of Education and Culture formed an Evaluation Team for the Opening of the Faculty of Medicine of USK with Decree No. 028/Dj/Kep/79 dated October 2, 1979, the report of the Directorate General of Higher Education was submitted in November 1979.

Furthermore, the Rector of USK, with Decree No. 20 of 1980, dated May 14, 1980, formed

the Core Team for the Establishment of the Faculty of Medicine of USK. The Minister of Education and Culture, with Decree No. 0217/0/1980 dated August 27, 1980, assigned USK and the Consortium of Medical Sciences to prepare the opening of the Faculty of Medicine of USK.

In the initial stage in the academic years 1980/1981, 1981/1982, and 1982/1983, Universitas Syiah Kuala collaborated with several other state universities: University of North Sumatra, Andalas University, Sriwijaya University, Padjajaran University, Diponegoro University, Gadjah Mada University, Brawijaya University, Airlangga University, Udayana University, and Hasanuddin University. The form of cooperation carried out in the context of developing prospective teaching staff and the selection process of prospective students to take part in education at the Faculty of Medicine at the University mentioned above with the status of study entrustment. After graduating, the doctors are expected to become prospective teaching staff within USK's Faculty of Medicine (FK).

As a realization of Decree No. 0217/0/1980, on the XIX anniversary of Universitas Syiah Kuala on September 2, 1980, at the Aceh Special Region Provincial Parliament Building, the Minister of Education and Culture Prof. Dr. Daoed Joesoef signed the Charter of the Inauguration of the Establishment of the Faculty of Medicine of USK. At the same time, the Preparatory Board for the Opening of the Faculty of Medicine in Banda Aceh handed over the Faculty of Medicine to USK.

Based on Decree No. 0217/O/1980 mentioned above, the Rector of USK formed a Preparatory Committee for the opening of the Faculty of Medicine of USK through Decree No. 05 of 1981 on February 19, 1981, along with the revocation of USK Presidium Decree No. 2411/USK/Up/1964, dated November 10, 1964, and Rector Decree No. 20 of 1980, dated May 14, 1980. 20/CS-BA/1980, Wednesday, May 14, 1980; On April 1, 1982, the Minister of Education and Culture, Prof. Dr. Daoed Joesoef, delivered the Presidential Decree of the Republic of Indonesia No. 16 of 1982 on the Organizational Structure of USK which among others stated that the Faculty of Medicine was part of USK.

Since 1988 the USK Faculty of Medicine has had a building of 4389 m<sup>2</sup> located on the Darussalam campus - Banda Aceh, built on an area of 61,650 m<sup>2</sup>. Besides that, there is also an academic activity building in the dr. Zainoel Abidin General Hospital complex of around 725 m<sup>2</sup>.

Based on the decree of the Directorate General of Higher Education of the Ministry of Education and Culture of the Republic of Indonesia Number 298/DIKTI/Kep/1999, the Nursing Study Program was established at the FK of USK. Student admissions began in the 1999/2000 academic year. After 14 years of evaluation, based on the letter of the Directorate General of Higher Education 2649/E.E2/KL/2013, the Rector of USK issued Decree No. 1016 of 2013 on September

2, 2013, establishing the Nursing Science Study Program at FK of USK as the Faculty of Nursing within USK.

The Dentistry Study Program (PSKG) at the Faculty of Medicine of USK began admitting students in the 2006/2007 academic year in collaboration with the Faculty of Dentistry of the University of Indonesia. After a periodic evaluation, based on the letter of the Directorate General of Higher Education No.1272/E.E1/KL/2013 on December 18, 2013, the Rector of USK issued Decree 2376 of 2013 on December 20, 2013, stating that the Dentistry Study Program (PSKG) of the Faculty of Medicine of USK Dentistry became a Faculty within USK.

In 2007/2008, FK USK, in collaboration with the Faculty of Psychology, Gajah Mada University started the Psychology Study Program at FK of USK with the student admissions began in the academic year of 2007/2008.

In January 2003, the Faculty of Medicine began to pioneer the Specialist Doctor Education Program - I (PPDS-I) opening at Syiah Kuala University. Some of these fields of science are Internal Medicine, Pediatrics, Neurology, Obstetrics and Gynecology, Surgery, Orthopedic Surgery, and Anesthesiology with the supervisors FK USU, FK UI, and FK Unhas. The Faculty of Medicine of Universitas Syiah Kuala obtained Accreditation B in September 2005, with the Decree of the National Accreditation Board for Higher Education (BAN-PT) of the Ministry of National Education of the Republic of Indonesia Number 016/BAN-PT/AK-IX/S I/IX/2005, concerning the results and ranking of study program accreditation for undergraduate programs (SI). With this accreditation, the Faculty of Medicine Universitas Syiah Kuala is expected to compete globally.

Starting September 4, 2006, the Medical Education Study Program of the Faculty of Medicine, Universitas Syiah Kuala, implemented a new curriculum for students of the 2006/2007 academic year, namely the Competency-Based Curriculum (KBK) or the Indonesian Medical Education Core Curriculum - III (KIPDI III). For the implementation of KIPDI III, the Faculty curriculum was prepared and approved by the Senate of the Faculty of Medicine, Universitas Syiah Kuala. The length of study with this KBK is 11 semesters (5.5 years), consisting of an academic stage of 7 semesters (3.5 years) and a professional stage of 4 semesters (2 years). The KBK learning process uses the Problem-Based Learning (PBL) method.

Starting in July 2013, the Medical Education Study Program of the Faculty of Medicine, Universitas Syiah Kuala, revised the 2006 curriculum with the Competency-Based Curriculum (KBK) 2013 before the Senate of FK of USK approved the implementation. The competency-Based Curriculum (KBK) 2013 had the same length of education as the 2006 Curriculum. The learning process is still Problem-Based Learning, but the percentage of lectures was increased in the 2013 KBK Curriculum.

In 2016, the Faculty of Medicine Universitas Syiah Kuala opened ENT-Head & Neck Surgery Specialist Education Program, Pulmonology and Respiratory Specialist Education Program, Neurology Specialist Education Program, and Child Health Specialist Education Program.

In 2017, the Faculty of Medicine of Universitas Syiah Kuala opened the Anesthesia and Intensive Therapy Specialist Medical Education Program and Cardiology Specialist Medical Education Program. In 2018, the Faculty of Medicine of Universitas Syiah Kuala opened a Master's Program (S2) in Public Health / Community Health Sciences. They planned to open a Master's Program (S2) in Tropical Medicine, a Specialist Medical Education Program in Skin and Gender Health Sciences, a Specialist Medical Education Program in Eye Health Sciences, a Specialist Medical Education Program in Plastic Surgery, a Specialist Medical Education Program in Orthopedics and Traumatology, and a Doctoral Program (S3) in Community Medicine.

## **B. COMPETENCY-BASED CURRICULUM BY THE NATIONAL STANDARDS OF INDONESIAN MEDICAL DOCTOR PROGRAM IN 2019**

As a form of implementation of the Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice, Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, and Law of the Republic of Indonesia Number 20 of 2013 concerning Medical Education, the implementation of the medical education curriculum at FK USK refers to the Indonesian Medical Doctor Competency Standards (SKDI) was published by the Indonesian Medical Council.

After almost 3 years, KKI has finally ratified the Doctor Competency Standards and Medical Doctor Program Standards, combined in one document, the National Standards for Indonesian Medical Doctor Education (SNPDI). There are several fundamental changes. The first is the redefinition of doctor graduates who are more 'multi-potent stem cells in accordance with the WFME Guidelines for Quality Improvement in Basic Medical Education. Competency areas are expanded, including literacy competency areas in several fields, including information and communication technology. With the concept of 'internship,' graduating doctors are doctors who are ready to continue their internship and are ready to continue their careers in various related fields.

The professional stage is taken in 4 semesters with a total of 45 credits spread over 41 credits of compulsory courses and 4 credits of elective courses.

## **C. VISION, MISSION, AND OBJECTIVES**

### **1. Vision**

The study program's vision is to become a study program that produces doctors who are

competitive, innovative, and excellent in the field of disaster management and family medicine at the national level and have a global outlook in 2025.

## 2. Mission

- a. Organizing integrated medical education through the implementation of the Competency-Based Curriculum (KBK).
- b. Organizing innovative and quality studies and research in medicine and health to support educational development and benefit the community.
- c. Carrying out various forms of community service in medical technology, science, and social humanities.
- d. Organizing good study program governance (Good Faculty Governance) that is quality-oriented.
- e. Strengthening and expanding national and international institutional cooperation networks in the context of developing medical and health education and organizing the Tridarma (three pillars) of Higher Education to support local, national, and international development in the health sector.

## 3. General and Specific Objectives

### a. General Objectives :

Producing graduates who are competent in medicine and research, uphold professionalism, morals, and ethics, and have competitiveness in the national and international arena.

### b. Specific Objectives :

1. Producing professional and competent graduates who can face challenges in medicine.
2. Producing competent graduates in conducting studies and research in medicine and health to improve the community's quality of life.
3. Producing graduates with high concern for the environment and can dedicate various forms of community service in medical technology, science, and social humanities.
4. Producing quality graduates through the implementation of a study program with good faculty governance.
5. Producing competitive graduates in medicine and health at the national and international levels.

## **CHAPTER II**

### **OBJECTIVES AND STAGES OF PROFESSIONAL MEDICAL EDUCATION AND DOCTOR COMPETENCIES**

#### **A. OBJECTIVES OF MEDICAL DOCTOR PROGRAM**

The general objective of Medical Doctor Program is to produce competent doctors according to the National Standard for Indonesian Medical Doctor Program (SNPPDI).

The specific objective of Medical Doctor Program is to produce doctors who can:

1. Actively communicate and exchange information verbally and nonverbally with patients of all ages, family members, community, colleagues, and other professions.
2. Perform clinical procedures according to the problem and patient needs and according to their authority.
3. Identify, explain, and design the resolution of health problems scientifically according to the latest medical science to obtain optimum results.
4. Manage health problems in individuals, families, or communities in a comprehensive, holistic, sustainable, coordinative, and collaborative manner in the context of primary health care.
5. Access, manage, critically appraise, validate, and apply information to explain and solve problems or make decisions about primary health care.
6. Practice medicine with full awareness of their abilities and limitations.
7. Forming doctors who have a professional attitude, understand medicolegal aspects, and can apply patient safety aspects in medical practice.

#### **B. ORIENTATION OF MEDICAL DOCTOR PROGRAM**

The orientation of education is needed in health services to anticipate the development of medical science and technology and the development of the community needs and health development in the future, with the following characteristics:

1. Comprehensive services with a holistic approach
2. Continuous service.
2. Services that prioritize prevention.
3. Coordinative and collaborative service.
4. Personalized treatment of the patient as an integral part of the family.
5. Services that consider family factors, work environment, and living environment.
6. Services that uphold ethics and the law.

7. Cost-conscious services and quality standards.
8. Services that can be audited and accounted for are the embodiment of existence:
  - Complete and accurate medical records that others can read.
  - Medical service standards.
  - Use of evidence-based medicine for decision-making.
  - Awareness of the limitations of ability and authority.
  - Awareness to keep up with knowledge development through lifelong learning and continuous professional development.

### C. STAGES OF MEDICAL DOCTOR PROGRAM

Medical Education at the Faculty of Medicine, Universitas Syiah Kuala, is divided into 2 stages:

1. Bachelor of Medical Education (S. Ked) for 7 semesters.
2. Professional Education (Medical Doctor Program) for 4 semesters.

### D DOCTOR COMPETENCIES (Source SNPPDI 2019)

The Indonesian Doctors Competency Standards (SKDI) have been used as a minimum standard of competence for medical education and the medical profession since they were first approved by the Indonesian Medical Council (KKI) in 2006 and revised in 2012. This is by the mandate of Law Number 29 of 2004 concerning Medical practice. The graduate competencies formulated in 2012 are still relevant to the national need to improve the quality of health services, the development of medical science and technology, and developments in society today.

The differences between the 2019 SNPPDI and the previous SKDI are shown in the table below:

**Table 1. Differences in SKDI According to Various Aspects**

No	Aspects	SKDI 2006	SKDI 2012	SNPPDI 2019
1.	Graduate Aspect	Doctors who are ready to work in health facilities / primary services or continue their education at the Masters level or Specialist Doctor Education Program	Doctors ready to work in health facilities/primary care or continue their education to the master's level or specialist education programs.	Doctors with multiple potentials to work as primary healthcare practitioners, educators, researchers or do other related work or continue their education to the master's level or Specialist Doctor Education Program.

2.	Graduate Profile	Doctors working in health facilities/primary care	Doctors who work in health facilities/primary services	<ol style="list-style-type: none"> <li>1. Practitioner/clinician</li> <li>2. Educator and Researcher</li> <li>3. Change Agent and Social Development</li> </ol>
3.	Competency Area	<ol style="list-style-type: none"> <li>1. Effective communication</li> <li>2. Clinical Skills</li> <li>3. Foundation</li> <li>4. Health problem management</li> <li>5. Health problem management</li> <li>6. Introspection and Self-Development</li> <li>7. Ethics, morals, medicolegal, professionalism, and patient safety</li> </ol>	<ol style="list-style-type: none"> <li>1. Noble professionalism</li> <li>Introspection and self-development</li> <li>2. Effective communication</li> <li>3. Information management</li> <li>4. The scientific foundation of medical science</li> <li>5. Clinical skills</li> <li>6. Health problem management</li> </ol>	<ol style="list-style-type: none"> <li>1. Sublime professionalism</li> <li>2. Introspection and self-development</li> <li>3. Effective communication</li> <li>4. Information technology and digital literacy</li> <li>5. Science literacy or scientific foundation</li> <li>6. Clinical Skills</li> <li>7. Manager of health issues and resource management</li> <li>8. Collaboration and cooperation</li> <li>9. Patient safety and quality</li> <li>10. Health services</li> </ol>
4.	Competency Systematization	<ol style="list-style-type: none"> <li>1. Competency area</li> <li>2. Core competencies</li> <li>3. Competency components</li> <li>4. List of problems</li> <li>5. List of diseases</li> <li>6. List of clinical skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Competency area</li> <li>2. Competency components</li> <li>3. Competency elaboration</li> <li>4. List of subject matters</li> <li>5. List of problems</li> <li>6. List of diseases</li> <li>7. List of clinical skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Graduate profile</li> <li>2. Learning outcome competency areas</li> <li>3. List of health problems according to the system</li> <li>4. List of diseases according to the system</li> <li>5. List of clinical skills</li> <li>6. List of public health/preventive medicine/preventive medicine issues</li> <li>7. List of issues related to the medical profession</li> </ol>

Competence is built on noble professionalism, introspection and self-development, and effective communication. It is supported by pillars such as information management, the scientific foundation of medical science, clinical skills, and the management of health problems. The competency areas are organized in the following order:



1. Sublime professionalism
2. Introspection and self-development
3. Effective communication
4. Information management
5. The scientific foundation of medical science
6. Clinical skills
7. Health problem management
8. Collaboration and cooperation
9. Patient safety and quality Health services

The overall structure of the National Health System can be summarized in the following chart:

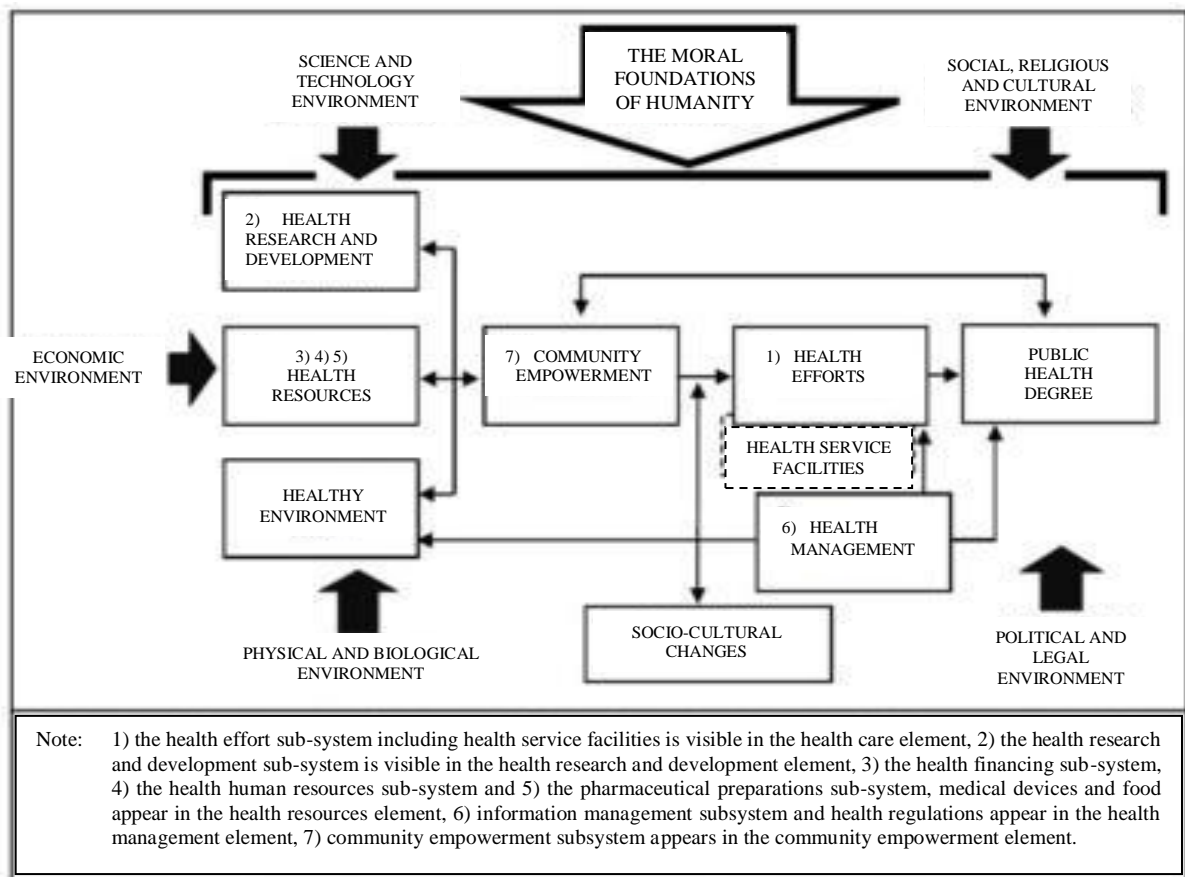


Figure 1 National Health System in Presidential Regulation No. 72/2012

Competency area description:

**1. Exemplary Professionalism Area**

- a. Believe in the Almighty
- b. Moral, ethical, and disciplined
- c. Law-abiding
- d. Socio-cultural insight
- e. Behave professionally

**2. Introspection and Self-Development Area**

- a. Practicing introspection
- b. Practicing lifelong learning
- c. Developing knowledge

**3. Effective Communication Area**

- a. Communicating with patients and families
- b. Communicating with partners
- c. Communicating with the community

**4. Information Management Area**

- a. Accessing and assessing information and knowledge
- b. Effectively disseminating information and knowledge to health professionals, patients, communities, and related parties to improve the quality of health services.

**5. Scientific Foundation of Medical Science Area**

Applying the latest biomedical sciences, humanities, clinical medicine, Public Health / Preventive Medicine / Community Medicine to manage health problems holistically and comprehensively.

**6. List of Clinical Skill Area**

- a. Performing diagnosis procedures
- b. Performing holistic and comprehensive management procedures

**7. Health Problem Management Area**

- a. Implementing health promotion in individuals, families, and communities

- b. Applying prevention and early detection measure of health problems in individuals, families, and communities
- c. Managing individual, family, and community health problems.
- d. Empowering and collaborating with the community to improve health status
- e. Managing resources effectively, efficiently, and sustainably in solving health problems
- f. Accessing and analyzing and implementing specific health policies that are priorities of their respective regions in Indonesia

## **8. Collaboration and Cooperation Area**

It is the ability to collaborate and cooperate with peers, inter-health professionals, and other professions in managing health problems by applying values, ethics, roles, and responsibilities, addressing problems effectively and developing health management based on various studies of cooperation and collaboration development.

## **9. Patient Safety and Quality Health Service Area**

It is the capacity to utilize scientific knowledge to make changes to medical and health phenomena through medical actions and health interventions in individuals, families, communities, and society for human welfare and safety, as well as scientific advances in the fields of medicine and health that pay attention to inter/multidisciplinary, innovative and tested studies.

# **E. COMPETENCY ELABORATION**

## **1. Exemplary Professionalism**

- a. Core competencies:
  - Able to carry out professional medical practice by noble values and principles, morals, ethics, discipline, law, and social culture.
- b. The graduates are able to
  - 1. Believing in God (The One, the Almighty)
    - Having noble attitude and behavior in medical practice. Understanding and having the attitude medical practices strives for the maximum efforts and the best means available.
  - 2. Having morals, ethics, and discipline
    - a. Behaving by high standards of moral values.

- b. In practicing medicine, acting by the basic principles of medical ethics and the Indonesian medical code of ethics.
  - c. Being able to decide on ethical dilemmas in individual, family, and community health services
  - d. Being disciplined in practicing medicine and providing service to the community
3. Being aware of and obeying the law
- a. Understanding legal problems in medical services and provide suggestions for the solutions.
  - b. Being aware of the legal responsibility of doctors and order of society
  - c. Complying with existing laws and regulations
  - d. Supporting in the enforcement of law and justice
4. Have socio-cultural insight
- a. Understanding the socio-cultural-economic nature of the community served
  - b. Respecting differences in perceptions influenced by religion, age, gender, ethnicity, disability, and socio-cultural-economics in practicing medicine and society.
  - c. Respecting and protecting vulnerable groups
  - d. Appreciating complementary and alternative health efforts practiced and believed in multicultural societies
5. Demonstrating professional behaviors
- a. Demonstrating character as a professional doctor
  - b. Being polite and helpful
  - c. Prioritizing patient safety
  - d. Being able to work together with colleagues of the same profession or inter-health profession in the health care team for patient safety
  - e. Providing health service within the framework of the national and global health system

## **2. Introspection and Self-Development**

- a. Core competencies:

Able to practice medicine by realizing limitations, overcoming personal problems, developing themselves, following refreshment and continuous knowledge improvement, and developing knowledge for patient safety

- b. The graduates are able to
  - 1. Apply introspection
    - a. Recognize and overcome problems of one's own physical, psychological, social, and cultural limitations
    - b. Be responsive to professional challenges
    - c. Realize the limitations of one's abilities and refer to those who are more capable
    - d. Receive and respond positively to feedback from others for self-development
  - 2. Practice lifelong learning
    - a. Recognize professional performance and identify learning needs to address weaknesses
    - b. Play an active role in professional development efforts
  - 3. Develop new knowledge
    - Conduct scientific research on health problems in individuals, families, and communities and disseminate the results.

### **3. Effective communication**

- a. Core competencies:
  - Able to explore and exchange information verbally and nonverbally with patients of all ages, family members, community, colleagues, and other professionals.
- b. The graduates are able to
  - 1. Communicate with patients and their families.
    - a. Build relationships through verbal and nonverbal communication
    - b. Have verbal and nonverbal empathy
    - c. Communicate using polite and understandable language
    - d. Actively listen to explore health problems holistically and comprehensively
    - e. Convey health-related information (including bad news, informed consent, and conducting counseling in a polite, good, and correct manner
    - f. Demonstrate sensitivity to biopsychosociocultural and spiritual aspects of patients and families
  - 2. Communicate with partners (peers and other professionals).
    - a. Perform good and correct consultation and referral management.
    - b. Establish interprofessional communication in health services.
    - c. Provide actual and relevant information to law enforcement, health insurance

companies, mass media, and other parties as necessary.

d. Present scientific information effectively.

3. Communicate with the community

a. Communicate with the community to identify health problems and solve them together.

b. Conduct advocacy with related parties to solve individual, family, and community health problems.

#### **4. Information Management**

a. Core competencies:

Able to utilize information technology communication and health information in medical practice.

b. The graduates are able to

1. Access and assess information and knowledge:

a. Utilize health information and communication technology to improve the quality of health services

b. Utilize health information management skills for lifelong learning.

2. Effectively disseminate information and knowledge to the profession.

#### **5. The Scientific Foundation of Medical Science**

a. Core competencies:

Able to solve health problems based on the latest scientific basis of medical and health science to obtain optimum results.

b. The graduates are able to

Apply the latest biomedical sciences, humanities, clinical medicine, and public health/preventive medicine/community medicine, to manage health problems holistically and comprehensively.

1. Apply the principles of biomedical sciences, humanities, clinical medicine, public health/preventive medicine/community medicine related to individual, family, and community health promotion

2. Apply the principles of biomedical science, humanities, clinical medicine, and public health / preventive medicine/community medicine related to the prevention of individual, family, and community health problems. Apply the principles of biomedical sciences, humanities, clinical medicine, and public health/preventive medicine/community medicine to prioritize health problems in individuals,

families, and communities.

3. Apply the principles of biomedical science, humanities, clinical medicine, public health/preventive medicine/community medicine related to the occurrence of individual, family, and community health problems by using clinical data and rational supporting examinations to establish a diagnosis
4. Use scientific reasoning in determining the management of health problems based on etiology, pathogenesis, and pathophysiology. Determine disease prognosis by understanding biomedical science principles, humanities, clinical medicine, public health/preventive medicine/community medicine.
5. Apply the principles of humanities, clinical medicine, public health / preventive medicine/community medicine related to medical and social rehabilitation in individuals, families, and communities.
6. Apply the principles of biomedicine, humanities, clinical medicine, public health/preventive medicine/community medicine about legal and judicial interests.
7. Considering the patient's ability and willingness, scientific medical evidence, and limited resources in health services to make decisions.

## **6. Clinical Skills**

### **a. Core competencies:**

Able to perform clinical procedures related to health issues by applying the principles of patient safety, self-safety, and the safety of others.

### **b. The graduates are able to**

1. Perform diagnosis procedures
  - a. Perform and interpret the results of auto-, allo-, and hetero anamnesis, general and special physical examination according to the patient's problem
  - b. Perform and interpret basic supporting examinations and propose other rational supporting examinations
2. Perform procedures for holistic and comprehensive management of health problems.
  - a. Conduct education and counseling.
  - b. Carry out health promotion.
  - c. Perform preventive medical measures.
  - d. Perform curative medical measures.

- e. Perform rehabilitative medical actions.
- f. Carry out protective procedures against things that can harm themselves and others.
- g. Perform medical actions in clinical emergencies by applying patient safety principles.
- h. Perform medical actions with a medicolegal approach to health problems/injuries related to the law.

## **7. Health Problem Management**

### a. Core competencies:

Able to manage individual, family, and community health problems in a comprehensive, holistic, integrated, and sustainable manner in the context of primary health care.

### b. The graduates are able to

1. Implement health promotion in individuals, families, and communities
2. Identify the need for changes in mindset, attitude, behavior, and lifestyle modification for health promotion in various age groups, religions, communities, gender, ethnicity, and culture.
3. Plan and implement health education in the context of health promotion at the individual, family, and community levels.
4. Implement prevention and early detection of health problems in individuals, families, and communities.
5. Prevent the onset of health problems.
6. Conduct screening activities for latent disease risk factors to prevent and slow disease onset.
7. Take precautions to slow the progression and onset of complications of disease and/or disability.
8. Manage individual, family, and community health problems.
9. Interpret clinical data and formulate it into a diagnosis.
10. Interpret family health data to identify family health problems.
11. Interpret public health data to identify and formulate community diagnoses.
12. Select and implement the most appropriate management strategy based on quality, cost, and evidence-based control principles.



13. Manage health problems independently and responsibly with attention to patient safety principles.
14. Consult or refer by applicable medical service standards.
15. Create clear, complete, precise, and legible written medical instructions.
16. Make medical certificates such as sickness, health, death, and medical reports.
17. Write prescriptions wisely and rationally (right indication, right drug, right dose, right frequency and method of administration, and according to the patient's condition), clearly, thoroughly, and legibly.
18. Identify various indicators of treatment success, monitor management progress, and correct and modify therapy appropriately.
19. Determine the prognosis of health problems in individuals, families, and communities.
20. Perform basic medical and social rehabilitation for individuals, families, and communities.
21. Apply the principles of epidemiology and medical services comprehensively, holistically, and sustainably in managing health problems.
22. Perform outbreak and disaster management from problem identification to community rehabilitation.
23. Empower and collaborate with the community to improve health status.
24. Empower and collaborate with the community to identify and address actual health problems.
25. Collaborate with other professions and sectors to empower communities to overcome health problems.
25. Manage resources effectively, efficiently, and sustainably in solving health problems.
27. Manage human resources, finance, facilities, and infrastructure effectively and efficiently.
28. Implement integrated quality management in primary health care with a family medicine approach.
29. Implement health management and healthcare institutions.
30. Access, analyze, and implement specific health policies that are priorities of their respective regions in Indonesia.
31. Describe how policy choices can affect public health programs from fiscal, administrative, legal, ethical, social, and political aspects.

## **8. Collaboration and Cooperation**

It is the ability to collaborate and cooperate with peers, inter-health professions, and other professions in managing health problems by applying values, ethics, roles, and responsibilities, addressing problems effectively and developing health management based on various cooperation and collaboration development studies.

## **9. Patient Safety and Quality Health Services**

It is the capacity to utilize scientific knowledge to make changes to medical and health phenomena through medical actions and health interventions in individuals, families, communities, and society for human welfare and safety, as well as for scientific advances in the fields of medicine and health that pay attention to inter/multidisciplinary, innovative and tested studies.

All competency areas are a unity of abilities that need to be applied contextually in holistically and comprehensively managing health problems in healthcare settings. Figure 2 formulates the relationship between the various competency area groups. The technical competency area group allows doctors to manage individual, family, and community health problems. The intellectual, analytical, and creative competence area group supports technical skills with a scientific foundation and the ability to utilize information technology. The personal and professional ability group covers the other two competency area groups through noble professionalism, introspection and self-development, collaboration and cooperation, and the application of patient safety principles and quality of health services.

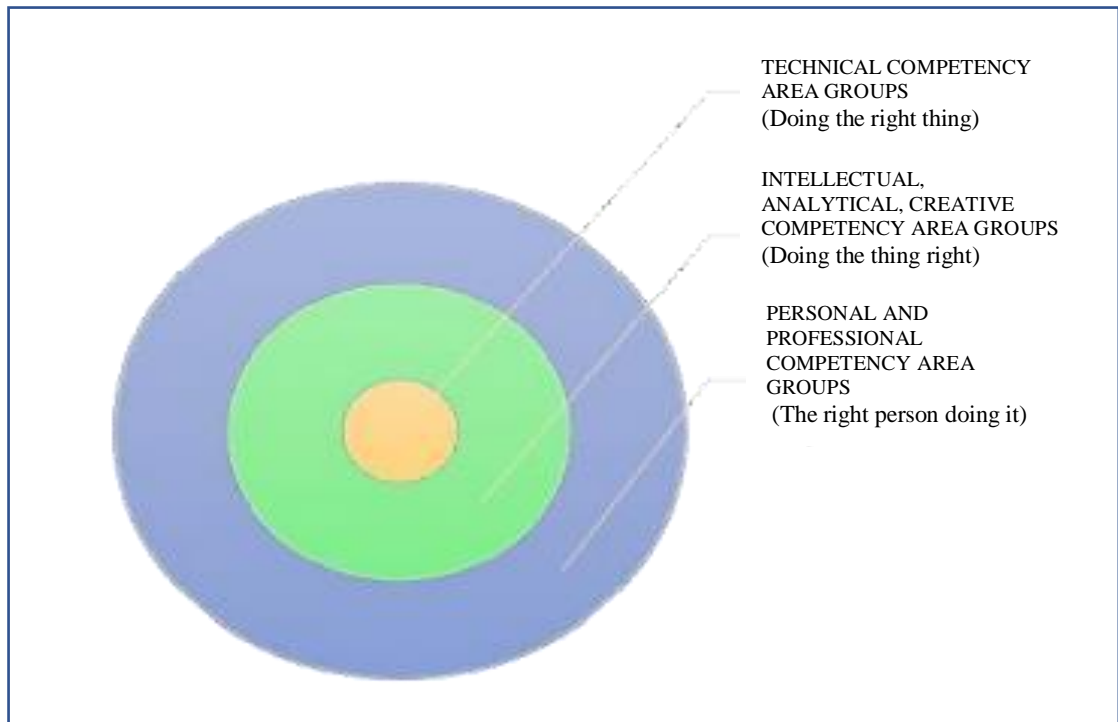


Figure 2 Schematic of Competency Area Groups and Competency Areas

Figure 3 below provides a schematic representation of how a doctor utilizes all areas of competence and attachment in dealing with patients. The innermost circle is individual health, followed by family, public, and community health. A doctor will work through Individual Health Efforts (UKP) and Community Health Efforts (UKM) at these three levels. These three levels of health are interrelated and influence each other. To carry out UKP and UKM, doctors need personal, professional, intellectual, analytical, creative, and technical skills.

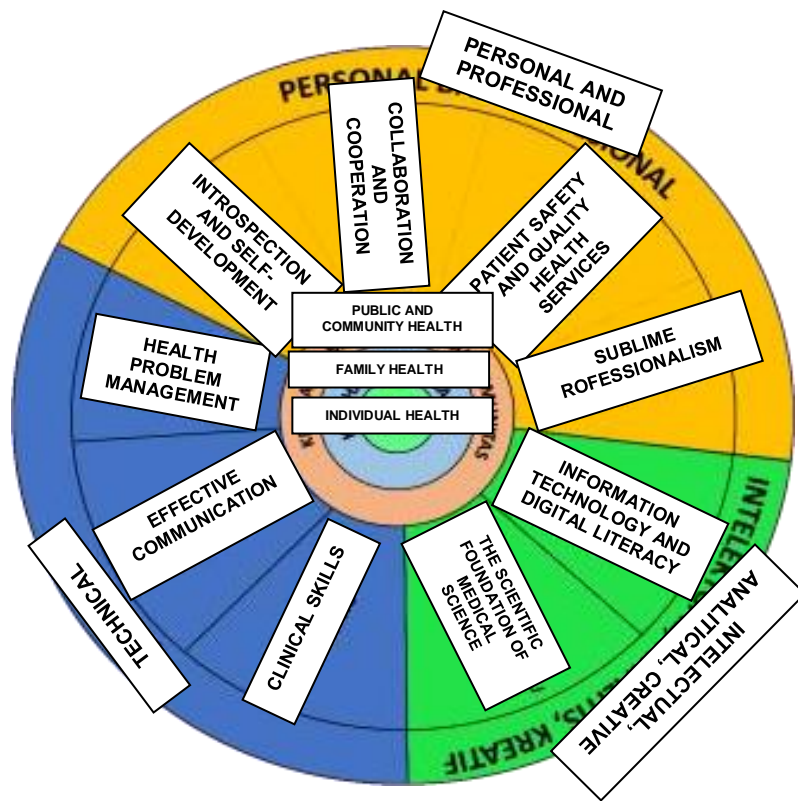


Figure 3. 2019 SKDI Conceptual Framework

**CHAPTER III**  
**MEDICAL DOCTOR PROGRAM**

**A. GENERAL GUIDELINES FOR MEDICAL DOCTOR PROGRAM**

**1. The Professional Medical Doctor Program(PPD) can be taken if :**

- a. Has completed and passed the academic stage of education and has become a Bachelor of Medical Education (has attended the yudicium held at the end of each semester).
- b. Has taken the Junior Doctor (DM) oath/pledge.
- c. To be active as a Junior Doctor Candidate, it is done for the Odd Semester and Even Semester, namely:
  1. For activeness in the odd semester, it starts from graduates of the May and August Graduation period of the current year
    - a. Graduates of the May Graduation period will take part in the Clinical Registrar Matriculation in June / July of the current year ( $\pm$  1 month after graduation)
    - b. Graduates of the August Graduation period will participate in the Clinical Registrar Matriculation in September / October of the current year ( $\pm$  1 month after graduation).
  2. For activeness in the Genao semester, it starts from graduates of the Graduation period in November of the current year and February of the following year.
    - a. Graduates of the November Graduation period will take part in the Clinical Registrar Matriculation in December of the current year or January of the following year ( $\pm$  1 month after graduation)
    - b. Graduates of the February Graduation period will participate in the Clinical Registrar Matriculation in March/April of the current year ( $\pm$  1 month after graduation).

**2. The Medical Doctor Program consists of the following:**

- a. Debriefing/Orientation by the Komkordik RSUDZA-FKUSK Team: 2 weeks
- b. Phase I (1st and 2nd semester): 21 credits (including 2 credits of elective courses)
- c. Phase II (3rd and 4th semester): 24 credits (including 2 credits of elective courses)

**3. Registration Obligation**

- a. Every Junior Doctor must complete the re-registration provisions and the Education

Development Contribution (SPP) according to the provisions and schedule set out in the academic calendar of Universitas Syiah Kuala.

- b. Junior Doctors are not allowed to participate in the Professional Medical Education Program if they have not re-registered / completed the SPP provisions per the schedule set out in the academic calendar of Universitas Syiah Kuala.
- c. Junior Doctors who are late in carrying out various types of registration according to the schedule set out in the academic calendar are required to take academic leave according to the academic calendar schedule.
- d. If Junior Doctors do not register in a certain semester without applying for academic leave, then the semester is still counted in the study period of the student concerned.
- e. Junior Doctors who do not carry out administrative registration for 2 (two) consecutive semesters are considered to have resigned from USK.

For Junior Doctors who have passed the S.Ked graduation at the end of the semester, the Medical Professional Education Program cycle begins at the beginning of each subsequent semester.

Every Junior Doctor starting the Professional Medical Education Program will receive a new registration number. The Doctor Profession Education Program is carried out at the FK of USK's main teaching hospital, namely dr. Zainoel Abidin Regional General Hospital (RSUDZA), FK of USK affiliated hospitals, and if deemed necessary at FK of USK network hospitals and other educational vehicles that will be arranged by the Medical Doctor Program Study Program. Professional Doctor Education time for 4 semesters with a study load of 45 credits, distribution of program credits.

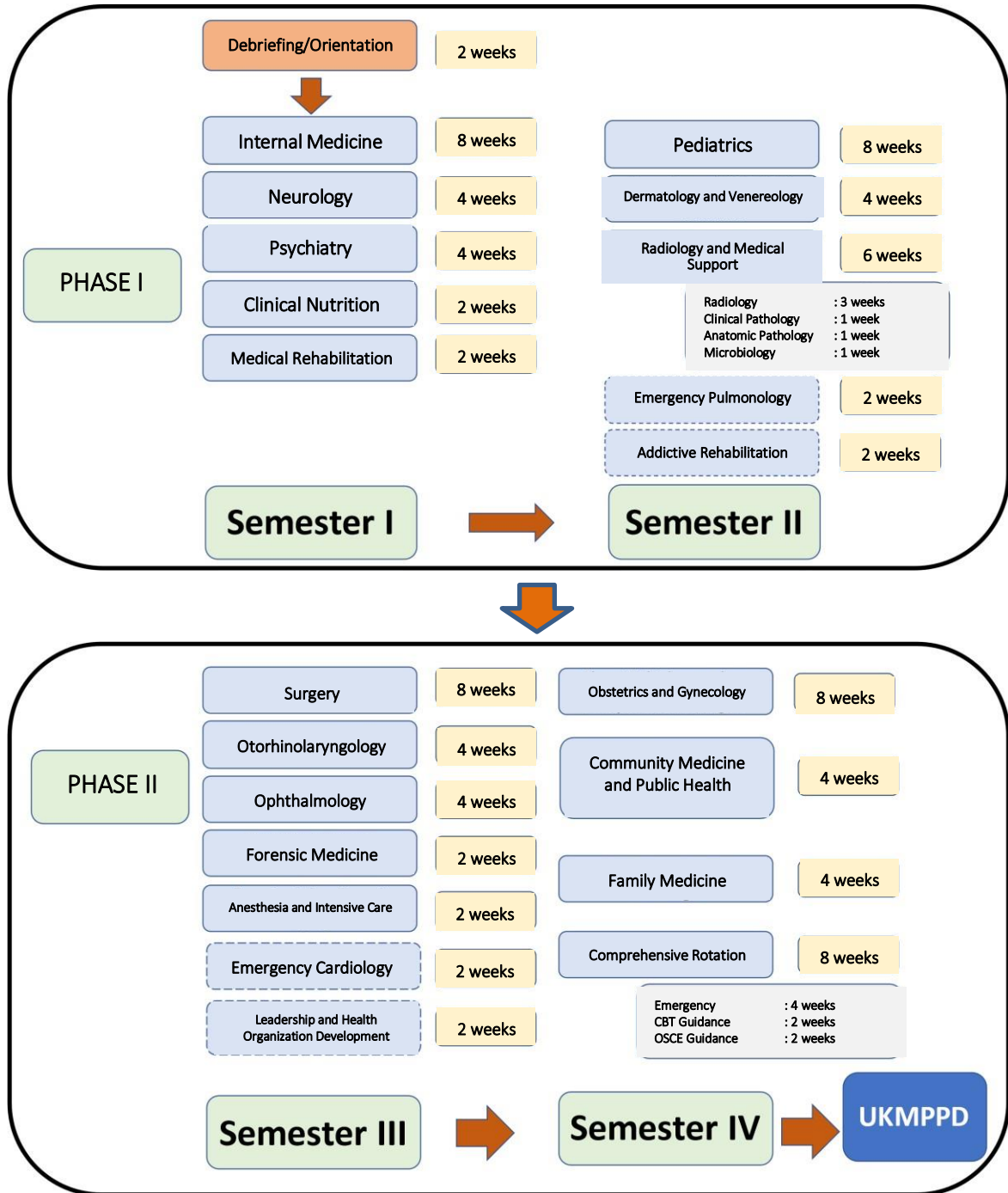
Medical Doctor Program can be seen in Table 2.

Table 2. Distribution of Academic Curriculum for Medical Doctor Profession Study Program of 2021

SEMESTER 1				
No.	Course Code	Course Name	Credit	Category
1	DOK101	INTERNAL MEDICINE		Compulsory
2	DOK103	NEUROLOGY		Compulsory
3	DOK105	PSYCHIATRY		Compulsory
4	DOK107	CLINICAL NUTRITION		Compulsory
5	DOK109	MEDICAL REHABILITATION		Compulsory
SEMESTER 3				
No.	Course Code	Course Name	Credit	Category
1	DOK102	PEDIATRICS		Compulsory
2	DOK104	DERMATOLOGY AND VENEREOLOGY		Compulsory
3	DOK106	RADIOLOGY AND MEDICAL SUPPORT		Compulsory
4	DOK710	EMERGENCY PULMONOLOGY		Elective
5	DOK712	ADDICTIVE REHABILITATION		Elective
SEMESTER 3				
No.	Course Code	Course Name	Credit	Category
1	DOK201	SURGERY		Compulsory
2	DOK203	OTORHINOLARYNGOLOGY		Compulsory
3	DOK205	OPHTHALMOLOGY		Compulsory
4	DOK207	FORENSIC MEDICINE		Compulsory
5	DOK209	ANESTHESIA AND INTENSIVE CARE		Compulsory
6	DOK709	EMERGENCY CARDIOLOGY		Elective
7	DOK711	LEADERSHIP AND HEALTH ORGANIZATION		Elective
SEMESTER 4				
No.	Course Code	Course Name	Credit	Category
1	DOK202	OBSTETRICS AND GYNECOLOGY		Compulsory
2	DOK204	COMMUNITY MEDICINE AND PUBLIC HEALTH		Compulsory
3	DOK206	FAMILY MEDICINE		Compulsory
4	DOK208	COMPREHENSIVE ROTATION		Compulsory

Overall, each Junior Doctor will undergo 2 stages. A total of 41 credits of compulsory courses must be taken by Junior Doctors and 4 elective courses in semester II and III. In semester II and III, Junior Doctors must choose one of the elective courses to be taken based on their request. Then, the Section / Department will arrange and explain the implementation of educational activities that Junior Doctors will follow during the Professional Medical Education Program. The arrangement of academic activities of the Doctor Profession Study Program is structured and scheduled in a system that has been arranged in the Section / Department. Those who meet the requirements imposed in the Section / Department will participate in the evaluation/examination. Evaluation of the

doctor's professional program in the form of a theoretical exam and a clinical skills exam / OSCE is carried out at the end of the week in the section by referring to the list of Indonesian National Standards for Professional Medical Education (SNPPDI) of 2019.



**Image Description**



: Required Courses



: Elective Courses

Figure 4. The cycle of Medical Doctor Program and Evaluation



The general guidelines for the Medical Doctor Program:

1. The established cycle of the Medical Doctor Program must be followed by each junior doctor as regulated by the Medical Doctor Program.
2. The DM's attendance time follows the working hours of RSUDZA, namely Monday to Friday from 08.00 to 16.30 WIB, or according to working hours in other FK of USK educational environments.
3. Outside of working hours, each DM must follow the shift work schedules as regulated by each relevant Section/Department that is being undertaken.
4. DMs must prepare equipment according to the relevant Section/Department guidelines.
5. During guard duty, each DM must wear a guard uniform as regulated by the PPD, not allowed to wear t-shirts, jeans, and tight clothes.
6. Violation and/or non-compliance with the above rules results in DM receiving administrative and/or academic sanctions from the relevant department.

## **B. ACTIVITIES AND EXAMINATIONS AT THE MEDICAL DOCTOR PROGRAM**

### **1. Activities at Medical Doctor Program**

- a. Bed side teaching (BST), learning with patient participation with guidance from lecturers in accordance with the CPMK (Course Learning Outcomes) of each course
- b. Expert lectures / clinical tutorials conducted by experts with teaching materials according to the course learning outcomes (CPMK) in each course.
- c. Seminar/scientific paper/case report/morning report
  1. Scheduled group discussions facilitated by lecturers several times a week (schedule depends on the Section/Department).
  2. Morning Report is an activity carried out in the form of a new patient admission report, made in the form of a log book for each Junior Doctor on duty at that time. After that, a brief presentation of the history, physical examination, and subsequent management is presented in front of the scheduled lecturer in the morning from 07.00 to 08.00. Junior doctors can be mentored by the duty doctor of the Teaching Hospital, related Residents, and other medical personnel.
- d. Patient management guidance (Polyclinic, Ward, Operating Room) / Field activities. Activities carried out in health care facilities (primary and secondary) and in the community to strengthen students' understanding of the application of theories that have been learned during Expert Lectures, Clinical Tutorials, and BST. During the

clinical clerkship, Junior Doctors have clinical skills. Skills are mental and/or physical activities that are organized and have interdependent parts of activities from start to finish. In medical practice, doctor graduates need to master clinical skills that will be used in diagnosing and solving health problems.

- e. Self-study, independent study activities that are carried out on a scheduled basis.
- f. Mini-Clinical Evaluation Exercise (Mini-CEX) is an assessment method based on direct observation of students' (Junior Doctors) performance when interacting with patients in real clinical settings. Junior Doctors perform clinical skills such as history taking, clinical examination relevant to patient complaints, establishing a diagnosis, and making a patient management plan. The time required for assessment with this method is relatively short, namely observation when interacting with patients for about 15 minutes, followed by giving feedback for about 5-10 minutes. There are 7 items that are assessed, including history-taking skills, physical examination, professionalism, clinical judgment (clinical reasoning in establishing a clinical diagnosis), patient counseling/education, time management, and overall competence. The rating scale uses a Likert scale of 1 - 9, with 1 - 3 = far below the expected competence, 4 - 5 = close to the expected competence, 6-7 = according to the expected competence, and 8 - 9 = exceeding the expected competence. Assessment using this method can be done in polyclinics, wards, and ERs. The Mini-CEX assessment form can be seen in the appendix.
- g. Direct Observation of Procedural Skills (DOPS) aims to assess procedural skills performed by Junior Doctors based on direct observation by the clinical supervisor in a real setting (a place where the procedure is possible with real patients). The time required to conduct an assessment with this method is 15 minutes for observation and 5 minutes for providing feedback. Rating scale: 1 - 3 = far below the expected level of competence, 4 - 5: = close to the expected level of competence, 8 - 7 = according to the expected competence, 8 - 9 = exceed the expected competence. The DOPS assessment form can be seen in the appendix.
- h. Case Based Discussion (CBD) is an assessment method based on case discussion and not based on direct observation. The junior doctor chooses two existing patient cases and makes a case report to be submitted to the supervisor / clinical examiner. The supervisor/examiner chooses one case to discuss and explore in more depth one or several aspects of the case: clinical examination, supporting examinations and referrals, therapy, follow-up, management plans, and professionalism. This method aims

to assess clinical reasoning skills; time required: 20 minutes (including feedback). The CBD assessment form can be seen in the appendix.

- i. Objective Structural Clinical Examination (OSCE) is an assessment method using several stations to assess clinical competency skills. Each examinee (Junior Doctor) will go through all the same stations by moving from one station to the next station according to a predetermined time. Clinical competencies that can be tested through OSCE include history-taking skills, physical examination, procedural skills, diagnosis skills, interpretation skills of supporting examination results, patient education, and others.
- j. CBT/PBT in the form of a written exam is more intended to assess clinical reasoning skills. The recommended question types are MCQ (multiple choice) with case scenarios, MEQ (Modified Essay Questions), and PMPs (Patient Management Problems).

## **2. DM test/evaluation time**

- a. The DM (Junior Doctor) exam/evaluation is conducted during the last week of a Section/Department.
- b. The pretest was conducted in the first week.
- c. The final exam (posttest) is given in the last week, in the form of a theory exam, Computer Based Test/Paper Based Test (CBT/PBT), and clinical skills exam, Objective Structured Clinical Examination (OSCE).

## **3. Tested materials**

Tested materials refer to SNPPDI 2019.

## **4. Nature and form of assessment**

The nature and form of assessment consist of the following:

- a. Periodic assessments are formative.
- b. At the end of the clerkship, the assessment is comprehensive/summative.

## **5. Examination venue**

The venue for the Medical Doctor Program examination is carried out in the main teaching hospital environment, the educational network hospital environment, or the FK USK campus environment. It is not allowed for the Medical Doctor Program exam to

be held outside of those mentioned above.

## 6. Assessment Weight

Table 3. Assessment Weight of the Medical Doctor Program

No	Assessment	Weight (%)
1.	Pretest	5
2.	Mini Cex	5
3.	DOPS	5
4.	CBD	5
5.	OSCE	45
6.	CBT/PBT	25
7.	Behavior Value	10

## 7. Assessment / Evaluation of Learning Achievement

Assessment of DM during the Medical Doctor Program in each section consists of:

1. Pretest,
2. Activeness (shift works, follow-up, polyclinic, case discussion)
3. Final Examination (CBT/PBT, OSCE)
4. Clinical attitudes and skills

DM passing requirements from each course:

- a. A DM is declared to have passed in a Section/Department if he/she has passed with a result of :
  1. The CBT score is at least equal to the most recent UKMPPD standard pass mark (minimum 60).
  2. Pass the OSCE organized by the Section/Department.

Assessment guidelines for the Professional Medical Education Program refer to the USK Academic Guidelines based on the Benchmark Guidelines (PAP).

Table 4. Assessment Guidelines for Medical Doctor Profession Study Program

No	PAP Value Range
1.	$A \geq 87$
2.	$78 \leq AB < 87$
3.	$69 \leq B < 78$
4.	$60 \leq BC < 69$
5.	$51 \leq C < 60$
6.	$41 \leq D < 51$
7.	$E < 41$

- b. The lowest grade that cannot be remediated is a BC.
- c. DMs who fail with Grade D or repeat Grade C in a clinical rotation must retake half of the total rotation time they did not pass. Students who fail with Grade E or are penalized in a rotation must retake the entire total rotation time.
- d. Sections/Departments may organize additional examinations to ensure the achievement of competencies in accordance with the material concerned.
- e. DMs who do not pass the third examination in a section are given special guidance appointed by the Head of the Section/Department. The examination is conducted by an examination team commission appointed by the Dean.
- f. For DM who does not pass in a Section / Department, the repeat is carried out after all stages have been completed or at a time arranged by the Doctor Professional Study Program.
- g. Each DM must have received a final grade at the end of the week for each Section / Department. It is not allowed to increase the period beyond the provisions of the Medical Doctor Profession Handbook.
- h. The final score for each Section/Department is submitted to the Head of the Medical Doctor Profession Program with a copy of the Vice Dean for Academic Affairs no later than 1-2 weeks after the DM completes the cycle and takes the exam in the Section/Department.
- i. DMs are declared to have completed their studies in the Medical Doctor Program if they have fulfilled the following requirements:
  - Have completed a minimum credit load of 41 compulsory credits and 2 elective credits,
  - $GPA \geq 3.0$
  - Have a maximum grade of C in one course

- Does not have D and E grades.

### **C. LENGTH OF MEDICAL DOCTOR PROGRAM**

1. The Professional Medical Education Program must be completed in a maximum of 8 active semesters.
2. If more than 8 semesters, must get approval from the FK Senate of USK and get permission from the USK Rector.
3. If the DM in undergoing the Medical Doctor Program exceeds the time limit allowed from the above approval, the DM is considered to have failed in profession education and is returned to the USK Rector after previously submitting to the FK senate of the USK meeting.

### **D RULES FOR MISSING THE ACTIVITIES OF THE MEDICAL DOCTOR PROGRAM**

Being absent from the activities of the Medical Doctor Program is regulated as follows:

1. Absence is considered as absent unless a DM misses the activities of the Medical Doctor Program with permission (from Rector / Dean / Head of Department / Head of the Medical Doctor Program) under the conditions:
  - a. Illness with proof of a doctor's certificate.
  - b. On duty for the benefit of the institution/state with the permission of the Dean/Rector.
  - c. Wedding
  - d. Childbirth
  - e. Parent, biological child, sibling, grandmother, grandfather, wife, or husband is seriously ill or has died.
2. When leaving the activities with permission (Rector / Dean / Head of Department / Doctor Profession Program), the followings apply:
  - a. Being absent from the Medical Doctor Program activities no more 2 days, DM can take the exam without replacing/adding the days in the section.
  - b. More than 2 days to half the period of the Medical Doctor Program in a Section/Department, then it is required to repeat half the cycle period in the Section/Department.
  - c. More than half of the Medical Doctor Program period in a Section / Department, required to repeat full in the section.
  - d. Repetition is carried out at the end of the Medical Doctor Program cycle, which the

Medical Doctor Profession Study Program will regulate.

3. Academic leave is allowed for a maximum of two semesters but not consecutively.
4. Academic leave is considered valid if it complies the procedures set by USK.
5. Leaving activities during the program without permission will be counted in the study period of the Medical Doctor Program and will result in suspension.

## **E. ACADEMIC SANCTIONS**

Matters relating to academic sanctions are as follows:

1. Warning.
  - a. DMs who leave the Medical Doctor Program activities without permission will be given a warning.
  - b. DMs who behave inconsistently with the ethics of the Medical Doctor Program will be given a warning.
2. Academic sanctions.
  - a. If the DM commits an academic ethics violation will be sanctioned with a warning, suspension, to expulsion.
  - b. The severity of the sanction is in accordance with the decision and results of the FK senate of the USK meeting.

### **3. DM dismissal.**

The dismissal of the DM is discussed in a senate meeting and is done based on the following:

- a. Personal request.
- b. Unable to complete education within the specified time limit.
- c. The existence of personality and psychiatric obstacles based on the results of physical and psychological, and personality evaluations conducted by a designated team of experts.
- d. Violating the provisions and rules of FK of USK.
- e. Declared guilty of criminal activity by a court whose decision has permanent legal force.
- f. The DM who will be dismissed is first discussed in the Faculty of Medicine Senate Meeting of USK, then proposed to the USK Rector.
- g. The dismissal of the DM is decided by the Rector of USK and stipulated in a Decree.
- h. DMs who have been expelled from the Faculty of Medicine of USK can no longer be accepted as students in the environment of Universitas Syiah Kuala.

- i. Not complying with the obligation to pay tuition fees in accordance with the existing procedures at Universitas Syiah Kuala.

#### **F. PROVISIONS FOR GRADUATING, TAKING THE DOCTOR'S OATHS, AND AWARDING CERTIFICATES**

1. DMs are declared to have passed the Medical Doctor Program if they have passed the UKMMPD held by an institution appointed and recognized by the Director General of Higher Education of the Ministry of Education and Culture of the Republic of Indonesia.
2. The doctor's oath is administered to DMs who have passed the UKMMPD.
3. Graduation and medical doctor certificates are given to DMs who have passed UKMMPD (CBT and OSCE) and are sworn in as doctors.
4. Category/predicate of medical doctor graduation

Students who have fulfilled all the requirements for the Medical Doctor Program will be given the graduation status of Honors, Very Satisfactory, and Satisfactory, with the following provisions:

Table 5. Graduation Predicate of Medical Doctor Program

Graduation Predicate	Terms	
	GPA	Study Period
Honors (Cumlaude)	3.75 – 4.00	4 semesters
Very satisfactory	3.51 – 3.74	4-6 semesters
Satisfactory	3.00 – 3.50	> 6 semesters

#### **G. STUDENT TRANSFER**

The transfer of profession education students from FK of USK to other universities or from other FKs to FK of USK after completing the S.Ked education program stage will be treated according to the applicable provisions at USK.

#### **H. ADDITIONAL PROVISIONS**

Suppose some changes or things are not listed in the instructions/regulations above. In that case, decisions are made concerning the provisions of higher regulations or will be taken at the discretion of the FK Leaders of USK / USK Leaders.



**2016**

**ACADEMIC  
GUIDEBOOK**

NURSE PROFESSIONAL PROGRAM

## **VALIDATION SHEET**

All data in this Academic Guide for the Nurse Professional Program is true and can be used as intended.

Banda Aceh, October 2016  
Validating

## FOREWORD

Praise be to Allah SWT for all the abundance of His grace, protection, divine help, and guidance so that the drafting team can properly complete the preparation of this guidebook. The book entitled "Academic Guidelines for the Nurse Professional Education Study Program" was prepared as a guideline to present the overall plan and arrangements regarding the implementation of Senior Nursing Clinical Clerkship (K3S) practices at the Nurse Professional Program, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh.

Many parties have contributed to the completion of this guidebook. The Drafting Team would like to thank you for your help, and may Allah SWT provide a reward for the help or contribution that has been given.

The Drafting Team realizes that this guide is still far from perfection in terms of preparation, discussion, and writing. Therefore, constructive criticism and suggestions from readers are highly expected for the improvement of this guidebook in the future. Hopefully, this report can be useful for readers, especially the entire academic community at the Faculty of Nursing, Universitas Syiah Kuala.

Banda Aceh, January ,2016

Drafting Team

## VISION, MISSION, AND OBJECTIVES OF THE NURSE PROFESSIONAL PROGRAM, FACULTY OF NURSING, UNIVERSITAS SYIAH KUALA

### Study Program Vision

To become a leading Nursing Study Program at the national and regional levels with excellence in community nursing that produces professional and independent graduates who uphold moral and ethical values in 2019.

### Study Program Mission

1. Organizing quality nursing education that can produce professional and independent Nurse graduates who uphold moral values and ethics relevant to the challenges of national and regional nursing development with excellence in community nursing.
2. Carry out and develop nursing research with excellence in the field of community nursing that can improve the quality of education and nursing services to the community relevant to the challenges of national and regional nursing development.
3. Carry out community service by increasing the role of graduates, institutions, and communities and developing an integrated professional nursing service system in the community.

### Objectives

1. Increasing the implementation of nursing education that meets quality standards and is accountable for producing professional, independent graduates who uphold moral and ethical values relevant to the challenges of developing national and regional nursing services with the excellence of community nursing.
2. Increasing the quality and quantity of nursing research to develop nursing science and practice relevant to national and regional nursing service development challenges with community nursing excellence.
3. Increasing the quality and quantity of community service to increase the role of graduates, institutions, and communities in fostering independence and excellence in local resources oriented to the latest nursing service needs.

## TABLE OF CONTENTS

	Page
VALIDATION SHEET	ii
FOREWORD	iii
VISION, MISSION, OBJECTIVES OF THE NURSE PROFESSIONAL PROGRAM	iv
TABLE OF CONTENTS	v
INTRODUCTION	1
OBJECTIVE	1
DISTRIBUTION OF NURSING BRANCHES	2
IMPLEMENTATION STRATEGY	4
GUIDANCE METHOD	14
EVALUATION METHOD	17
ASSESSMENT METHOD	21
RULE	24
SANCTIONS	28
CLOSING	32

**NURSE PROFESSIONAL PROGRAM GUIDE**  
**FACULTY OF NURSING**  
**UNIVERSITAS SYIAH KUALA**

**A. INTRODUCTION**

Nursing education is an academic-Professional Program in nature and consists of 2 (two) stages, namely academic and profession education. This program refers to the nursing paradigm agreed upon in Indonesia and has a solid professional foundation.

In its training and education implementation, Nurse Professional Program, Faculty of Nursing, Universitas Syiah Kuala, Darussalam, Banda Aceh, refers to the core curriculum of Indonesian Nurse Education of 2015. Its implementation consists of two stages, namely, the academic education stage and proceeds to the inseparable professional education stage. The academic education stage has a study load of 146 credits, while the Nurse Professional Program stage is 36 credits.

At the professional Program stage, there is a period of professional adjustment for students in the form of junior nursing clinic clerks (K3J), clinical learning experiences, and field learning experiences in the form of senior nursing clinic clerks (K3S). They use real health services settings such as Dr. Zainoel Abidin General Hospital, Meuraxa Regional General Hospital, Mother and Child Hospital, Aceh Government Mental Hospital, Puskesmas, Nursing Homes, Family, Community, and other settings that are related and meet the requirements.

**B. OBJECTIVES**

1. General Objective:

Prepare students through professional adjustment through comprehensive clinical and field learning experiences.

2. Specific Objectives:

- a. Able to apply the concepts, theories, and principles of behavioral science, social science, biometric science, and nursing science in carrying out services and/or nursing care to individuals, families, communities, and societies.
- b. Able to carry out nursing services and or care from simple problems to complex problems entirely through assessment, determination of nursing diagnoses, planning of nursing actions, implementation and evaluation of promotive, preventive, curative, and rehabilitative in accordance with the limits of authority, responsibility and ability and based on the ethics of the nursing profession:
  - Assess the health status and basic needs of individuals, families, communities, and societies in bio-psycho-socio-spiritual aspects and the potential of various available resources.
  - Formulate individual, family, community, and society nursing problems.
  - Plan and implement a series of nursing actions to meet the basic needs of individuals, families, communities, and societies by optimally utilizing available potential sources.
  - Evaluate the results of nursing actions and all professions on nursing care, and plan and implement necessary follow-up.
- c. Systematically document the entire nursing process and utilize it to improve the quality of nursing care.
- d. Manage professional nursing services responsibly by demonstrating effective leadership.

### C. DISTRIBUTION OF NURSING BRANCHES

NO.	GROUP	BRANCHES	CREDIT	PLACE
1	Clinical Nursing Science	Basic Nursing	3	RSU Zainoel Abidin Main Room: <ul style="list-style-type: none"> <li>• Men's Surgical Ward</li> <li>• Women's Surgical Ward</li> <li>• Men's Internal Medicine Ward</li> <li>• Women's Internal Medicine Ward</li> <li>• Neurologic Ward</li> </ul>

				<ul style="list-style-type: none"> <li>• Cardio-Pulmonary Ward</li> </ul>
		Medical-Surgical Nursing	6	RSUD Meuraxa RSUD Zainoel Abidin Main Room: <ul style="list-style-type: none"> <li>• Men's Surgical Ward</li> <li>• Women's Surgical Ward</li> <li>• Men's Internal Medicine Ward</li> <li>• Women's Internal Medicine Ward</li> <li>• Neurologic Ward</li> <li>• Cardio-Pulmonary Ward</li> </ul> Elective room: ENT / Ophthalmology Ward Haemodialysis Ward
		Maternity Nursing	3	RSUD Meuraxa RSUD Zainoel Abidin <ul style="list-style-type: none"> <li>• Obstetrics and Gynecological Ward</li> <li>• Delivery Room</li> <li>• Obstetrics Clinic</li> </ul>
		Pediatric Health Nursing	3	RSUD Meuraxa RSUD Zainoel Abidin <ul style="list-style-type: none"> <li>• Pediatric Ward</li> <li>• NICU/PICU</li> <li>• Perinatology Ward</li> </ul> RS Ibu dan Anak
		Mental Health Nursing	3	Mental Hospital: <ul style="list-style-type: none"> <li>• Polyclinic/ Emergency Room</li> <li>• Acute Ward</li> <li>• Intermediate Ward</li> <li>• Quiet Room</li> </ul> Community Health Center <ul style="list-style-type: none"> <li>• Family Family</li> <li>• Community</li> </ul>
		Emergency Nursing	3	RSUD Zainoel Abidin <ul style="list-style-type: none"> <li>• Emergency Room</li> <li>• Operating Room</li> <li>• ICCU</li> <li>• ICU</li> </ul>
2	Community Nursing Science	Community Nursing	4	<ul style="list-style-type: none"> <li>• Community Health Center</li> </ul>



				• Community
		Community Family Family	3	Family in Community
		Community Nursing	3	UPTD Rumoh Seujahtra Geunaseh Sayang Elderly in the Community
3	Basic Nursing Science	Nursing Management	3	RSU Zainoel Abidin RSUD Meuraxa
4	Nursing Science (Specific)	Specialization	2	RSU Zainoel Abidin RSUD Meuraxa

## **D IMPLEMENTATION STRATEGY**

### **1. Administrative Requirements**

- a. Students have attended the bachelor of nursing faculty graduation/university graduation ceremony.
- b. Students have received Student ID Number as Nurse Professional Program students.
- c. Payment of professional tuition fees for the current semester follows the schedule issued by the Rector of Universitas Syiah Kuala. Payments can be made in cash at the rectorate when registering.
- d. Register and show proof of SPP payment to the financial administration of the Nurse Professional Program.
- e. Students fill in Study Plan (KRS) online.
- k. The delay in carrying out administrative obligations in accordance with the schedule/provisions will be the responsibility of the student concerned.
- l. Submission of non-active or re-active students in professional Program is submitted in writing to the Vice Dean I with a copy to the head of the study program and the head of the section.
- m. Non-active student (academic leave) applications may not be made in the first semester of profession education

### **2. Student Registration for Professional Program**

- a. Registration for the professional program is carried out at the administration of the Nursing Professional Study Program, Faculty of Nursing, Universitas Syiah Kuala.

- b. Students who register must submit proof of tuition fee (SPP) payment.
- c. Students must fill in Study Plan (KRS) in accordance with the established course mapping

3. Junior Nursing Clinical Clerkship ((K3J)

a. Obligations of the Nursing Profession Study Program:

The Nursing Profession Study Program is obliged to prepare K3J activities, including:

- Prepare curriculum, schedule, and resource persons/mentors for implementing K3J in class and laboratory.  
Prepare classroom and laboratory implementation methods.
- Prepare correspondence related to the implementation of K3J.
  
- Prepare clinical competencies that learners will achieve in the implementation of K3J in the laboratory
- Prepare an evaluation system for the implementation of K3J in the laboratory.
- Coordinate with the person in charge of the laboratory regarding the use of tools/materials and the schedule of K3J activities in the laboratory of the Faculty of Nursing, Universitas Syiah Kuala.

b. Laboratory obligations:

- 1) Assist and facilitate K3J activities in the nursing laboratory according to a predetermined schedule.
- 2) Assist and facilitate borrowing tools/materials required for K3J activities in the nursing laboratory.
- 3) Assist and facilitate the preparation and implementation of K3J in the nursing laboratory.

c. K3J Implementation

The implementation of K3J includes two main activities, namely:

- 1) Classroom activities

Classroom activities focused on the explanation of technical instructions for professional program(K3J and K3S) in general by the coordinator of profession education, explanation of technical instructions specifically for the implementation of K3S for each section by the section coordinator, training section and nursing section of RSUDZA.

2) Activities in the nursing laboratory

The nursing laboratory activities focus on achieving basic nursing clinical competencies and fulfilling basic human needs.

a. Instructor Obligations

- Prepare materials in accordance with the clinical competencies that are the responsibility of each clinical supervisor.
- Conduct a pretest related to the material to be given and submit the score to the profession department.
- Provide guidance using appropriate methods for achieving clinical competencies for which the supervisor is responsible.
- Supervise and make corrections to clinical competency redemonstration by some learners.
- Create a procedure evaluation checklist format in coordination with the instructor.
- Supervise and correct clinical competency redemonstration for all learners

b. Student obligations:

- Participate fully in laboratory activities from start to finish and on time.
- Have motivation, creativity, and innovation missions and learn and understand theoretical concepts related to clinical competencies that will be studied in the nursing laboratory.
- Have a Nursing Kit
- Provide consumables related to the clinical competencies to be studied if they are not available in the laboratory of the Faculty of Nursing of Universitas Syiah Kuala.

- Wear clinical laboratory clothing (long white shirt with short sleeves).
  - Follow the rules for using and/or borrowing tools/materials in the laboratory of the Faculty of Nursing of Universitas Syiah Kuala.
  - Damage and/or loss of equipment/materials belonging to the laboratory of the Faculty of Nursing of Universitas Syiah Kuala as a result of negligence or error in use is the responsibility of students as borrowers and must be replaced in full.
- c. Implementation and evaluation methods
- Conducting the pretest
  - Implementation of guidance in the nursing laboratory in accordance with the clinical competencies to be achieved.
  - Implementation of posttest (OSPE Method)
  - The attendance must be at least 85% to take the OSPE exam, and the absence must be made up by making assignments according to the specified topics.
  - If attendance is less than 85% at the laboratory stage, students cannot proceed to the professional stage.
4. Senior Nursing Clinical Clerkship (K3S)
- a. Student handover and return
- The Head of the Profession Nursing Study Program at Universitas Syiah Kuala sends students to Dr. Zainoel Abidin Regional General Hospital, Meuraxa Regional General Hospital, Mother and Child Hospital, Aceh Mental Hospital, UPTD Rumoh Seujahtra Geunaseh Sayang, Community Health Center (Puskesmas) with copies of the cover letter to the head of the nursing section of the Faculty of Nursing of Universitas Syiah Kuala, the Head of the Education and Training Section of each institution. The coordinator of the professional program section then coordinates with the education and training section and sends students to their respective sections per the expected competency achievement.

The division of rooms/subsections for each section is arranged by the K3S section coordinator in coordination with the field of training and education and the professional program coordinator. In the hospital wards, UPTD Geunaseh Sayang and Puskesmas, students will report and be received by the head of the room/facilitator/person in charge and accompanied by the section coordinator and clinical supervisor appointed by the Dean of the Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh. The transfer of students from one section to another is arranged by the respective education and training fields, the professional program section, and the K3S section coordinator.

After completing the K3S in a particular section, the students and the scores obtained are handed back by the section coordinator to the professional program coordinator through the education and training section for further arrangements. Students who undergo K3S in a particular section in the same cycle are not required to pass the previous section except for the nursing management and emergency nursing sections. In the nursing management section, students must have passed Professional Program where the nursing management activities are carried out, and emergency nursing must have passed the medical-surgical nursing section.

- b. The role of section coordinators, Clinical Supervisors, Facilitators, and Functional Medical Staff.

Clinical supervisors from the Faculty of Nursing of Universitas Syiah Kuala and facilitators appointed from each institution carry out student guidance activities in Professional Program in the clinic.

- 1) Role of section coordinator and clinical supervisor

- a) As a change agent

Make changes that lead to renewal or improvement in the quality of guidance for students, including knowledge and skills.

- b) As a resource person

Become a place to ask questions and find answers for students during the Professional Program process in the field of practice.

- c) As a manager

Manage the environment and facilities in the practice area that can facilitate students to carry out professional program to achieve optimal clinical learning experience with predetermined assistance. In addition, clinical supervisors must also be able to guide and provide direction to students so that students can learn more effectively and efficiently.

d) As mediator and facilitator

Intercede in human relations and seek learning resources that are useful for students and can support the achievement of learning objectives in the practical field.

e) As a demonstrator/modeler.

Master the materials, procedures/practices taught to students from the nursing assessment stage to evaluation and nursing documentation.

f) As an evaluator.

Provide assessment to students both during the Professional Program process and at the end of the activity, including evaluation of knowledge, attitudes, and skills in accordance with what has been determined by each section and send grades to the section coordinator to be submitted to the Professional Program practice coordinator. Clinical supervisors also evaluate whether the practice objectives have been achieved in accordance with the expected competencies and whether the guidance method is in accordance with the actual situation and conditions in the field.

g) Role model

Be a role model for students, nurses, and other health workers in the clinic related to knowledge, skills, and behavior.

2) Role of Facilitator:

a) Orient the room and rules related to administration and direct patient care.

b) Facilitate good relationships between learners and the components involved in learning clinical care in the practice setting.

- c) Facilitate learners' needs regarding taking case management and resumes, then places for discussions, breaks, and ease of materials for nursing actions that are not available in the learners' Nursing Kit.
  - d) Provide guidance in nursing actions together with the clinical supervisor.
  - e) Serve as a role model, evaluate appearance, discipline, attendance, and attitude, and sign the attendance list of students.
  - f) Monitor the condition of the students if the clinical supervisor is absent.
- 3) Role of Functional Medical Staff
- Provide guidance and direction related to the scientific field of disease processes, treatment, and students' attitudes.
- c. Duties of Professional Program coordinators, section coordinators, and clinical supervisors.
- 1) Duties of professional program coordinators and sections
    - a) Prepare technical guidelines for the implementation of Professional Program in general.
    - b) Receive Registration of students to participate in professional program in the first semester, second semester, and so on and coordinate with the financial administration coordinator of the Faculty of Nursing of Universitas Syiah Kuala.
    - c) Prepare and implement K3J activities
      - Pre-K3J activities
      - Classroom activities
      - Laboratory activities
      - Evaluation system
    - d) Prepare and implement K3J activities
      - Receiving and returning students to educational institutions after completing inter-institutional profession education.

- Prepare a letter of introduction, and coordinate with each institution's education and training field to hand students to the respective section coordinators.
  - Prepare cover letters and organize schedules and the number of students who will move to the K3S section.
  - Monitor the performance of section coordinators, clinical supervisors, facilitators, and learners in implementing K3S.
  - Receive the scores of students who have completed K3S in certain sections in recapitulated scores from each section coordinator.
  - Submit K3S scores in writing to the Nurse Professional Program section of Universitas Syiah Kuala with copies sent to the education and teaching coordinator, the education and training section of the institution concerned, and copies for the archive. No later than 10 (ten) days after K3S ends.
  - Take into account the deadline for submitting grades for students who have completed all parts of K3S professional program as mentioned in point F point 1. e.
  - Submit in writing the names of students, clinical supervisors, and facilitators who have guided and carried out K3S in certain sections to the head of the Professional Program administration section of the Faculty of Nursing, of Universitas Syiah Kuala, with a copy submitted to the financial administration section.
  - Hold regular meetings with the academic area of profession education, K3S section coordinator, education and training section of each institution, facilitators, and other relevant sections.
  - Implement the provisions of sanctions for students as mentioned in point H.
- e) Authorize the Submission of inactive or re-active students to carry out profession education
- f) Coordinating with the Dean of the Faculty of Nursing, Head of the Nurse Professional Program, members of the professional field, institutional education and training field, K3S section coordinator,



financial administration coordinator, education and teaching coordinator, facilitator, functional medical staff, and sections related to the implementation of professional education.

2) Duties of section coordinators:

- a) Make K3S technical guidelines for the section under their responsibility.
- b) Coordinate with the professional program coordinator, K3S and SMF implementation units, and related fields.
- c) Equalize perceptions about the K3S technical guidelines for the section they are responsible for with members of the clinical supervision team and facilitators.
- d) Explain and socialize the K3S technical instructions of the section to the learners. They are the responsibility of the section coordinator the day before K3S starts in the section, including:
  - Background
  - Objective
  - Clinical competencies to be achieved
  - Guidance method
  - Description of implementation
  - Process/Components of evaluation
- e) Create sub-section cycles, clinical supervisor schedules, and student exam schedules.
- f) Coordinate with the Professional Program coordinator to arrange the schedule of learners who repeat K3 S in the relevant section due to failure or other reasons.
- g) Monitor the attendance and performance of clinical supervisors and facilitators in the sections for which they are responsible.
- h) Conduct direct or indirect supervision on implementing K3S guidance in the sub-sections under their responsibility.
- i) Facilitate the management of conflicts in the section under their responsibility.

- j) Recapitulate the scores of students who have carried out K3S in the section under their responsibility to be submitted in writing to the Professional Program coordinator no later than 6 (six) days after K3S ends in that section.
- 3) Obligations of clinical supervisors
- a) Guide students during K3S activities, covering cognitive, affective, and psychomotor aspects.
  - b) Coordinate with section coordinators, facilitators, and the unit where the K3S is implemented.
  - c) Carry out guidance obligations per the methods, schedules, and responsibilities the section coordinator has arranged.
  - d) Distribute case management, resumes, and others in accordance with section requirements.
  - e) Monitor the development of student's abilities in achieving predetermined competencies from cognitive, affective, and psychomotor aspects.
  - f) Supervise legal ethics, time discipline, uniform, completion of assignments, and group cooperation.
  - g) Conduct exams in accordance with the responsibilities set by the section coordinator.
  - h) Conduct evaluations in accordance with the evaluation components of the expected competencies for students.
  - i) Report any developments or obstacles in implementing K3S activities to the section coordinator for further Submission to the professional program coordinator.
  - j) Submit the results of the K3S implementation to the section coordinator to be submitted to the Professional Program coordinator 3 (three) days after K3S ends in that sub-section.

## **E. SUPERVISION METHOD**

The supervision method used to achieve the competencies set in the Nurse Professional Program is as follows:

### ***1. Pre- and post-conference***

Before beginning to treat patients in the practice area who have been determined by the Clinical Instructor, students have a pre-conference. The purpose of this assignment is to assess students' ability to comprehend patient scenarios in terms of both fundamental concepts and nursing care plans. A student is permitted to treat patients if he is deemed competent. Students must participate in post-conference events in addition to providing nursing care. This activity is designed to examine students' abilities to conduct assessment, intervention, and evaluation tasks. This practice is also intended to provide the opportunity for students to express their positive and negative emotions while providing nursing care.

### ***2. Tutorial in the Clinic***

The intense process of supervision that is included in individual tutorial activities is provided by a mentor and a preceptor who has been appointed by educational institutions or institutions. On a scheduled or optional basis, depending on the initiative of both students and professors, tutorials are carried out in practical areas. These tutorials are carried out in real-world settings.

### ***3. Bedside teaching***

Bedside teaching is a form of learning that is based on the patient, and it allows students to practice their cognitive, emotional, and psychomotor abilities in an integrated manner. The preparation phase, which is followed by briefing, engagement with patients, and debriefing, are the first step in the implementation of bedside teaching. The mastery of micro-skills is necessary for teachers if they are to be more efficient in their roles of evaluating, teaching, and giving feedback.

#### ***4. Nursing Round***

Nursing rounds are learning activities that attempt to solve patient problems and are carried out by the head of the room, primary nurses, and implementing nurses by incorporating patients in the discussion of challenging situations in the process of providing nursing care.

#### ***5. Cases Discussion***

Case discussions are yet another form of educational activity. This task is completed during morning and evening visits with other members of the health team, such as expert doctors, specialist nurses, or other health workers.

#### ***6. Case Report and Hand Over***

Case reports are a standard technique of instruction utilized in all clinical research pertaining to practice domains. A student stationed in a particular ward or department must submit case reports for all clients requiring observation to nurses in different shifts in operant activities (switching between shifts), such as the morning shift to afternoon shift, evening shift to night shift, and night shift to morning shift.

#### ***7. Gradual Delegation of Authority***

Providing incremental delegation of responsibility based on the results of continual observations and evaluations of student competency accomplishment is one of the learning strategies for honing the independence of students participating in the professional program. In the beginning phases, students observe and adapt to all medical procedures. Then, students are authorized to serve as assistants for any direct nursing interventions provided to patients. Students are gradually given the authority to independently manage clients and become a part of the health team that serves clients with specific disorders as they enter the second week of the program, based on their mastery of the previous competencies.

### ***8. Mini Seminar on clients and the latest health/nursing technology***

The Mini Seminar is conducted following the demands of the students and their agreement with CI. All students stationed in the same section/department throughout one cycle attend the Mini-Seminar. The purpose of seminar activities is to examine the client's ailment and the various treatment options, particularly from a nursing perspective.

### ***9. Problem-Solving for Better Health***

Learning to solve problems to enhance treatment outcomes is a further method of education. This work involves not only CI and institution preceptors but also other specialists (specialist nurses). This activity can also be carried out by assigning organized assignments to students by writing references so that students are truly confronted with how to offer nursing care in line with the most recent theories and concepts or how to provide nursing care based on evidence (evidence-based learning).

### ***10. Innovative Care Management***

At some phases, students are also given the ability to develop innovations in customer care management while managing their clients. The innovations at issue are innovative ways/methods/approaches for managing customers so that clients receive satisfaction and/or positive outcomes.

### ***11. Demonstration***

Students can better understand a concept by watching their teacher practice it firsthand and then teaching it to them. In front of the students, the demonstration will attempt to provide a preliminary explanation of the activity or means.

### ***12. Role Modelling***

This method of learning involves assigning students to various roles such as head of the room, team leader, and implementing nurse.

## **F. EVALUATION METHOD**

The following competency-based assessment methods are used to assess student achievement in mastering predetermined competencies:

### ***1. Log Book***

The logbook is a book that contains notes on all activities carried out by students enrolled in the Nursing professional program while working in the practice area for one (one) shift. The logbook format includes several columns such as number, date and time, type of activity/activities, results obtained, constraints/obstacles, plans for future activities, and consultants' and supervisors' initials.

### ***2. Direct Observational of Procedure Skill***

This method is done through direct observation carried out by a CI/mentor or preceptor to students while performing nursing actions or providing nursing care to clients in the practice field. Usually, the examiner uses a checklist that contains the sequence of working procedures for implementing nursing actions, such as placing IVs, inserting NG tubes, placing oxygen masks, inserting catheters, and so on.

### ***3. Case Testor Student Oral Case Analysis***

SOCA, also known as OSOCA, is an objectively measured case analysis method that is carried out through oral tests. The goal of SOCA is to evaluate students' ability to analyze a clinical case based on a broad concept. Students are expected to analyze cases by explaining the problem and how the underlying mechanism of the problem occurs; make rational nursing diagnoses; and explain therapy provisions using various basic sciences. Typically begins with creating a mind map of a clinical case (describing the relationship of the problem with the related situation or identifying the cause-and-effect relationship of the emergence of a problem).

Some of the indicators assessed in this oral test include:

a. General Case Review

Its primary purpose is to evaluate the students' capabilities in generating idea maps and explaining the relationship between diagnoses and other illnesses (such as etiology, risk factors, and predisposing variables).

b. Basic science engagement. This test exemplifies the connection between fundamental sciences and the pathophysiology and etiology of a disease or ailment.

c. Pathogenesis

Explain the mechanism of occurrence of a disease and changes in various body structures as indicated by various supporting examinations.

d. Pathophysiology

Explain every mechanism of occurrence of a disease which is characterized by the emergence of various symptoms and signs of disease.

e. Management and implementation

Explain the various types of nursing interventions based on the therapy prescribed by the doctor, both promotive, preventive, curative, and rehabilitative. Specifically in medicine, including pharmacological and non-pharmacological therapy.

f. Complication

g. Prognosis

h. Student Performance

The assessment component relates to student performance while taking the oral test.

#### ***4. Clinical incident report***

Clinical Incident Reports are another approach for assessing student competency mastery during the professional program phase. This report is utilized as a learning tool so that nursing students can avoid various situations in the future by taking a systematic approach to their job. Clinical occurrences are reported in accordance with the format specified by the educational institution. Regarding clinical occurrences discovered by students, supervisors must discuss the matter with the CI and preceptors.

#### ***5. Objective Structured Clinical Examination (OSCE)***

OSCE is an acronym for Objective Structured Clinical Exam, which is a performance-based test/assessment designed to examine the clinical competency of students. During the exam, students are watched and evaluated in a number of stations consisting of history taking, physical examination, diagnosis determination, nursing care provision, and nursing record preparation. OSCE may be performed on actual patients, simulated patients, or manikins. Students must complete each station within the time allotted by the examiner (usually 15 minutes).

#### ***6. Problem-Solving Skill***

Students are evaluated in a number of different ways, one of which is how they are taught to be adept at the resolution of clinical problems and to continue to make the appropriate judgments based on the outcomes of accurate problem analysis. In an integrated manner, assessment of clinical problem-solving competence can be carried out in OSCE, SOCA, and tutorials, as well as in structured activities such as assignments and so on.

#### ***7. Full Case/Short Case***

Students' analytical, synthesis, and evaluative skills are also assessed through the use of brief case descriptions and comprehensive cases involving clients with a specific disorder. In test sessions or tutorial coaching, it is possible to present concise and thorough cases.

#### ***8. Portfolio***

A thorough process of reflection on learning, development, and personal activities includes reports on ongoing mastery of skills, information, attitudes, understanding, and accomplishments.



This portfolio's objectives are to:

- a. Demonstrate and describe learning experiences by providing ample evidence of experiential concepts and principles applied in clinical practice settings. In this case, it can be in the form of documentation of several nursing care actions that have been given by students to their clients.
- b. Record student learning progress in practice areas throughout the stages of professional nurse education.
- c. Guarantee the development of professional competence as a nurse candidate
- d. Encouraging continuing education can be used as a tool in the development of practical competencies on an ongoing basis
- e. Emphasizes a memorable clinical experience to students
- f. Become a medium to overcome the gap between students and professional nursing practitioners
- g. Demonstrates student achievements that can be used for practical placements and testing the potential of prospective employees
- h. Promoting student competencies to potential graduate users (increasing marketability of graduates)
- i. Promote lifelong learning.

## **9. Case Reflection Discussion**

Case Reflection Discussion is a learning strategy that uses group discussions to reflect actual and fascinating student experiences in providing nursing care while referring to defined competency requirements.

## **10. *Direct Observation Of Procedural Skills***

The direct supervision of students by lecturers or CI, which involves observation and direct interviews alongside the patient's bed, is an examination for students. Direct supervision is a 28-day test in basic nursing performed by students in the third week. The purpose of rounds is to improve students' knowledge and abilities in a responsible and accountable manner.

### **11. *Soft Skills***

It is an assessment of non-technical abilities in students which are very important to have as a basis for interaction and preparation for entering the world of work.

### **12. Written Exam**

It is a written exam held at the end of the station which contains case questions (vignette).

## **G. ASSESSMENT METHOD**

The assessment method is carried out by combining the values of the various evaluation components to which percentages have been assigned in the K3S technical instructions for each section, such as patient management reports, daily reports, resume reports, practical exams, seminars, mini-workshops, pre-and post-conference activities, attendance students, and others. The student's final report must be submitted in hard copy format; electronic submissions are not accepted. Each section coordinator must establish the evaluation format for each evaluation component based on the desired competencies.

Levels of evaluation are conducted by each section in accordance with a predetermined method, ranging from level I to level IV (knowledge, attitude, and psychomotor) with numerical values ranging from 0.0 to 4.0. If there is an assessment component that has yet to be assigned a value (no value yet), the value may not be issued until the student has fulfilled his or her requirements within a specified time frame. The evaluation may commence at least one week after students complete K3S in specific parts.

The distribution of numbers, letters, and weight scores for nursing professional program for students refer to the assessment standards set by the Faculty of Nursing, Universitas Syiah Kuala as follows:

**NUMBERSLETTER**

>87 A

78<AB<87 AB

69<AB<78B

60<BC<69 BC

51<C<60C

41<D<51D

<41E

1. Grades Recapitulation Method, Forms of Grades, Grades Submission, Graduation Schedule:
  - a. All value components from the sub-section clinical guidance are reported to the section coordinator in the form of numbers ranging from 0 to 100 without a letter grade no later than two weeks after the K3S concludes in that sub-sector. If a coordinator fails to submit scores within the stipulated time frame, they will receive a verbal warning followed by a formal warning letter from the Head of the Study Program if they do not fulfill their responsibilities.
  - b. In accordance with the regulations of the professional program assessment system, all value components that have been submitted to the coordinator of the clinical guidance department are processed and recalculated into final grades.

- c. The grades that have been summarized by the section coordinator are sent to the professional program coordinator no later than six days after the K3S concludes in that section.
  - d. The coordinator of the professional division sends a written grade to the Nursing Professional Program section, with a copy sent to the education and teaching coordinator, the education and training sector of the institution in question, and departure. Each K3S section's grades must be submitted no later than 10 days after the K3S concludes.
  - e. For students who have finished professional program in its entirety, the section coordinator and head of the professional program study program must adhere to the following grade submission date.:
    - a. January 5th: for graduation proposals in February
    - b. April 5th: for graduation proposal in May
    - c. July 5th: for graduation proposal in August
    - d. October 5th: for graduation proposal in November
  - f. For students who have completed professional program as a whole and the grades are submitted after the date mentioned in point e points 1), 2), 3), and 4) students can only be proposed for graduation in the next period according to the schedule.
2. Provisions for students who do not pass.

Provisions for students who do not pass with an E or <1.3 and a D or 1.41.6:

Students may continue to other sections if they do not pass a section, except for nursing management, which includes prerequisites for passing the K3S section of nursing management.

1. Students who have fulfilled all the requirements for completing the Nurses Professional Program can be given a graduate degree as follows:

### **Graduation Predicate GPA Terms of Study Period**

Graduation Predicate	GPA	Length of study
Cumlaude	3,75–4,00	<2
Very Satisfactory	3,51–3,74	<2
Satisfactory	3,00–3,50	> 2

#### 3. Evaluation of the success of the Nurse Professional Program study

Evaluation of the success of the Nurse Professional Program study is carried out at the end of the study period. Students are declared to have completed their studies if they meet the following requirements:

- a. Has completed a credit load of 36 credits
- b.  $GPA > 3,0$
- c. Have a maximum grade of C in a 1-course unit (subject)
- d. Does not have D and E grades

### **G. REGULATION**

#### 1. Administrative regulations

Students are expected to pay tuition following the established regulations at the beginning of each semester.

#### 2. Uniform regulations and the appearance of students

- a. Male students:

1. Wear white clothes according to what has been set, except for K3S in the community and family section.
2. Wear black shoes (not sneakers or sandals) and socks.
3. It is not allowed to wear jewelry, except watches.
4. Short hair should not touch the collar.
5. No long nails.

b. Female student:

1. Wearing white clothes and headscarves according to what has been stipulated, except for K3S in the community and family section.
2. Wear black shoes/loafers (not sandals or slippers)
3. Jewelry is not allowed, except for wedding rings and watches.
4. No long nails.
5. Do not use excessive make-up.
6. Using the name badge on the chest on the right and the Faculty of Nursing of USK symbol on the left.
7. It is not permissible to activate a cell phone during guidance or while caring for a patient.

3. Rules for transfer student

A. Transfer from the Faculty of Nursing/Ners Professional Study Program to another state faculty/university

- 1) The transfer of the student concerned can be considered for acceptance if:
  - a) Has been declared to have passed academic education and obtained a bachelor's degree in nursing (S.Kep).
  - b) Never been expelled from the original faculty.
  - c) Have a GPA > 3.00 and have participated in academic activities at the original faculty for at least 1 (one) semester and have completed a study load of at least 18 credits per semester.

- d) The decision about being accepted or rejected to continue their education at another university is decided by the Dean after receiving information from the head of the Nursing Study Program and the head of the senate of the Faculty of Nursing, Universitas Syiah Kuala.

2) Transfer Procedure:

The student in question makes an application to the Dean and a copy to the head of the Nursing Profession Study Program, Faculty of Nursing, Universitas Syiah Kuala, by attaching a letter of recommendation.:

1. Biodata of the student concerned which was approved by the Dean/head of the original Faculty of Nursing study program.
2. Academic transcript from the original Nursing Profession Study Program, Faculty of Nursing.
3. Photocopy of Nursing Diploma which has been legalized by the authorized official.
4. After obtaining written transfer approval from the Dean, the student concerned must complete a transfer certificate from the Faculty of Nursing/Nursing Study Program at Universitas Syiah Kuala.
5. Completion of registration/transfer administration is carried out by SBP/Academic Administration Affairs of the Faculty of Nursing, Universitas Syiah Kuala.
6. The time for student transfers is adjusted to the academic calendar issued by the Rector's Bureau at Universitas Syiah Kuala.

B. Transfer from another university/study program outside of Universitas Syiah Kuala to the Nursing Study Program at the Faculty of Nursing, Universitas Syiah Kuala;

- 1) Students who are approved are from study programs with an accreditation value one level higher than the Faculty of Nursing Profession Study Program of USK, that is A.
- 2) Students who are considered for admission are those who have completed undergraduate nursing education (S.Kep) and obtained a GPA > 3.00.

- 3) Transfer administration is only carried out before the beginning of the semester (according to the academic calendar of Universitas Syiah Kuala).
- 4) The Dean of the Faculty of Nursing at Universitas Syiah Kuala granted permission to relocate after hearing the view of the Head of the Nurse Professional Study Program.
- 5) Transfer Procedure:

The student in question submits an application letter to the Dean of the Faculty of Nursing at Universitas Syiah Kuala and a copy to the head of the Nursing Profession Study Program, Faculty of Nursing, Universitas Syiah Kuala by attaching:

- a) Letter of recommendation or letter of no objection from the Dean of the Faculty of origin.
- b) Academic Transcript showing GPA > 3.00
- c) The Dean's decision is conveyed to the student concerned with a copy to the Head of the Nursing Profession Study Program.

#### 4. Regulations regarding the use of practice field facilities and patient materials/medicines:

- a) Each student is required to have a Nursing Kit consisting of a tensiometer, stethoscope, reflex hammer, penlight, anatomical and surgical tweezers, artery clamps, verband scissors, tissue scissors, thermometer, and an inch rope, which must be taken to class every day.
- b) Students may utilize equipment and materials at the K3S location in line with applicable field rules.
- c) Students are permitted to utilize patient materials/medications for their patients in compliance with the delegated treatment program and criteria.

#### 5. Discipline Regulations:

- a. Each student must adhere to the K3S activity procedure outlined in each segment and attend the practice area according to land regulations and the K3S implementation technique.



- b. Following K3S activities in their respective sections, students must adhere to practice area regulations and professional program technical guidelines, such as morning assembly, handovers, caring for managed patients/resuming patients, preparing preliminary reports, preparing management reports, etc.
- c. Certain divisions divide their schedule into the following shifts: morning service from 07:45 to 15:00 WIB, afternoon service from 14:00 to 20:30 WIB, and night service from 19:30 to 08:00 WIB.
- d. Students must be present 100% during professional education.
- e. In the K3S training environment, it is prohibited to smoke and possess sharp weapons.
- f. It is not permissible to gamble, use drugs, or take institutional property rights, patient and family property rights, other health worker property rights, or K3S group members without authorization.
- g. In the K3S practice setting, it is not permissible to engage in immoral behaviors with any individual.
- h. There is no justification for accepting gifts or gratuities from patients or their families.
- i. According to the code of ethics and professional oath, there is an obligation to keep the nursing clinic confidential

#### 6. Academic/Active Leave Regulations Return to professional education:

If for some reason, students can apply for non-active professional program or actively carry out professional program by submitting an application letter to the professional program coordinator whose transcripts are submitted to the academic field, program and teaching coordinator, and the finance department of the Faculty of Nursing of USK.

## **H. SANCTIONS**

### 1. Suspension and criminal sanctions

- a. Two-week suspension and return to the head of the Nursing Profession Study Program, Faculty of Nursing USK if students smoke and carry sharp weapons in the K3S practice environment, do not keep nursing clinic secrets, and breach the code of ethics/professional oath.

- b. Professional Program suspension for 1 (one) semester, returned to the head of the Nursing Profession Study Program of USK and parents/guardians if students gamble, use drugs, take institutional property rights, patient property rights, family property rights, or property rights of other health workers or K3S group members without permission, and engage in immoral activities in the K3S practice environment.
    - c. Sanctions point 1 and point b can be continued up to criminal law.
- 2. Verbal and written sanctions return to the professional program coordinator.
  - a) 1st violation will receive a verbal warning, followed by a 2nd warning will receive a letter of agreement between the student and the section coordinator, and the 3rd warning will be immediately returned to the Faculty of Nursing Professional Program of USK if the student: Violating the rules on the use of uniforms and appearance.
  - b) Receive gifts or tips from patients and/or their families.
  - c) Does not carry out his duties and obligations in the K3S guidance process.
- 3. Class substitution and re-enroll service Sanctions
  - a) sick leave which must be proven by a sick certificate from a government doctor, 1 (one) day of absence must make up for 1 (one) day of service.
  - b) permission must be proven by a certificate of permission from the professional coordinator, 1 (one) day of absence must replace 1 (one) day of service.
  - c) 1 (one) day of absence without notification must replace 2 (two) days of service.
  - d) 1 (one) day of absence without notification when the implementation of K3S coincides with a national holiday or religious holiday must replace 3 (three) days of service.
  - e) Provisions re-enroll in each section:
    - I. In the section with a weight of 3 credits, if absent for 5 days with/without explanation then it is declared a room failure, 15 days absence is declared a part failure and must re-enroll the section at the next station.
    - II. In the section with a weight of 5 credits, if absent for 8 days with/without explanation then it is declared a room failure, 20 days absence is declared a part failure and must re-enroll the section at the next station.
  - f. Sanctions for changing service/re-enrolling due to absence as mentioned in point 3 points a, b, c, and d with the following conditions

1. Students may change service during spacing if the total number of service change days is less than 6 (six days).
  2. Points a and b, if the total number of service changes is greater than six (six days) and is distributed in different sub-sections of a particular section, then students cannot change services during spacing or at other times, but must re-enroll the initial K3S field in its entirety and pay K3S administrative obligations proportional to the number of credits for that section. If the student's absence is limited to one sub-section of a specific section, the other services in that sub-section do not need to be continued and must be replaced in full after the K3S round has been finished in accordance with the section coordinator's agreement. Students may proceed to other sub-sections that are currently running from this section so long as they do not re-enroll information from the preceding sub-section.
  3. Point d, if the total number of substitution service days is  $< 3$  (three days) then students can change service during spacing.
  4. Point d: Students cannot switch services during spacing but must do so during semester breaks if the total number of substitution service is greater than 6 (six days) and is scattered over various sub-sections of a specific section. According to the agreement with the section coordinator, if the student's absence is concentrated in one sub-section of a specific section, the remaining services in that sub-section do not need to be continued and must be completely replaced when the K3 S round has been finished in its entirety. Students can move on to subsequent sub-sections that are currently being run from that section by refraining from performing what they did in the previous sub-section.
  5. The implementation of the sanctions point e paragraphs 1), and 2) is fully regulated by the coordinator of the K3S section in coordination with the clinical supervisor and facilitator of the K3S practice area.
  6. The professional program coordinator, in collaboration with the academic field, section coordinators, associated clinical supervisors, and the financial administration department of the Faculty of Nursing of USK, regulates the implementation of sanctions outlined in points e, paragraphs 2) and 4).
- g. Absence due to natural disaster:
1. For students who have implemented 50% K3S in certain sections, they can continue the remaining K3S after conditions are declared normal by the Government.

2. For students who have implemented <50% K3S in certain sections, they must re-enroll K3S from the beginning in full after conditions are declared normal by the Government.
  3. Implementation of point f points 1), and 2) will be carried out based on a coordination meeting between the head of the Professionals Study Program, the coordinator of the K3S section, the academic field, the relevant clinical supervisor, and the financial administration section
- h. Substitute / re-enroll the service because of Fail:
1. Students who fail (Grade E or 1.5) must report to the Professional Study Program to participate in the K3S segment of that profession from the very beginning.
  2. Students who do not pass (Score D or 1.4 1.6) must report to the section coordinator for a re-examination during break time or another period set by the coordinator.
  3. Opportunity to re-enroll due to failure with a maximum D grade is given 1 (one) opportunity to re-enroll and if it is stated that the student has not passed, then he is allowed to re-enroll at the next stage of professional education.
  4. The implementation of point g points 1) and 3) is regulated by the Professional Nurse Study Program in coordination with the academic field, K3S section coordinator, and related clinical supervisors.
  5. The implementation of point g point 2) is fully regulated by the coordinator of the K3S section in coordination with the clinical supervisor and the K3S practice field facilitator.
- i. Specifically, for the community nursing and nursing management sections, only a minimum of four students are permitted to re-enroll or change their service.
4. Compensation sanctions:
- Sanctions for full compensation if students' negligence causes loss or damage to equipment/materials/medicines belonging to the institution where the K3S is conducted or to the patient.
5. Administrative sanctions
- Administrative sanctions are imposed on those who fail to fulfill their administrative education requirements-related responsibilities.

## **H. CLOSING**

These are the technical guidelines that should be followed and utilized appropriately for Nursing Professional Program at the Faculty of Universitas Syiah Kuala in Banda Aceh. They can be found here. Based on the outcomes of the meeting and taking into account the feedback and recommendations from members of the academic community, there will be revisions and modifications made.

Banda Aceh, August 2018

Fifth Revision