

REGULATION
on Student Assessment for Undergraduate Program in Medicine
Academic Year 2016



FACULTY OF MEDICINE
UNIVERSITAS GADJAH MADA
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INTRODUCTION

Student assessment is an essential part of an education process. In principle, student assessment is a process to provide information necessary for making decisions on students, curriculum, study programs and educational policies. The method of student assessment should consider the principles of evaluation, i.e. in line with the study objectives, comprehensive, continuous, and could be used for summative and formative purposes.

Student assessment should be valid, reliable, applicable, and acceptable by stakeholder to direct the students toward good learning behaviors.

The Undergraduate Program in Medicine, Faculty of Medicine UGM comprises of educational phase 1; phase 2 and phase 3.

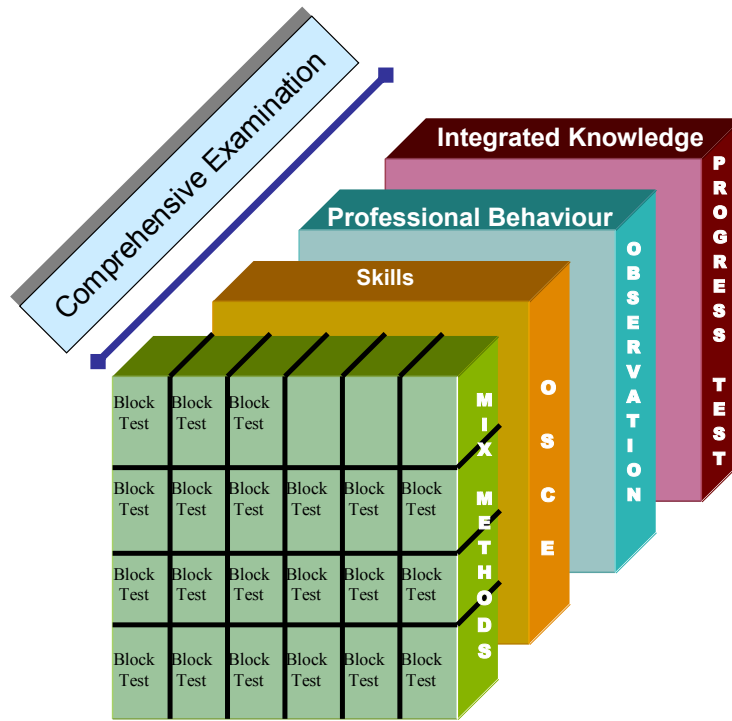
The assessment system for educational phase 1 and phase 2 consist of:

- a. Summative assessment, e.g.
 1. Block examination
 2. Longitudinal student assessments, which includes the Objective Structured Clinical Examination (OSCE), professional behavior evaluation, and progress test
 3. Comprehensive OSCE by end of phase 2
- b. Formative assessment is performed during the learning process in order to improve student attainment. It typically involves feedback both orally and in writing that focuses on the details of content and performance (for example: a qualitative feedback on the achievement of learning objective at the end of tutorial; final result of competency based assessment progress test that given to student; feedback from the instructor at the end of skills lab).

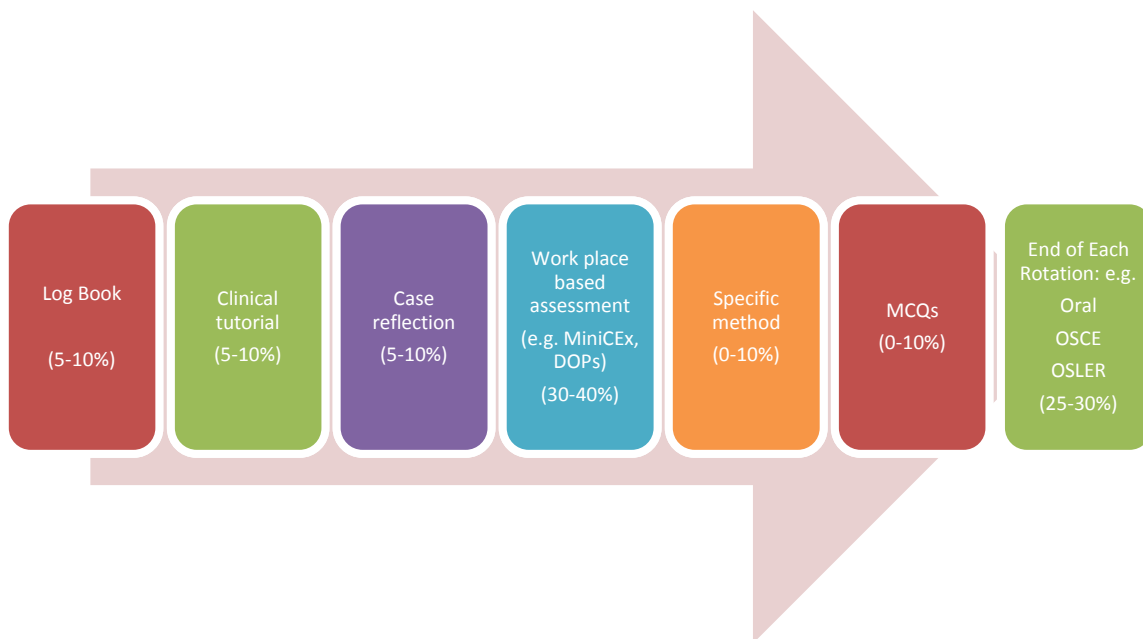
The assessment system for education phase 3 consists of:

- a. Summative assessment
 1. Clinical rotation
 2. National competency based assessment covers MCQs with CBT (Computerized-based Testing) and OSCE, which is conducted upon the completion of all clinical rotations
- b. Formative assessment is performed during the learning process in order to improve student attainment (for example: hands-on by clinical advisor post bed-side teaching).

Scheme of Assessment System: Phase 1 and 2



Scheme of Assessment System: Phase 3



CHAPTER I GENERAL TERMS

Article 1. Scope of the Regulation

1. This regulation applies to the Faculty Board, lecturers, supporting staffs, and undergraduate students in medicine who enrolled in academic year 2016/2017 both regular and international classes at the Faculty of Medicine Universitas Gadjah Mada (here in after called FK UGM).
2. The FK UGM is administered based on:
 - a. Act No. 20 Year 2003 on the National Education System,
 - b. Government Regulation No. 19 Year 2005 on the National Education Standard,
 - c. Act No.12 Year 2012 on Higher Education
 - d. Act No.20 Year 2013 on Medical Education
 - e. Standard of the Indonesian Doctor Profession Education
 - f. Standard of The Indonesian Doctor Competence
 - g. Standar Academic of UGM
3. Students enrolled prior to academic year 2016/2017 are subjects to the regulations of their enrolment year.

Article 2. Definition/General Requirement

The regulation uses the following definitions:

1. University refers to Universitas Gadjah Mada (UGM).
2. Faculty of Medicine refers to the Faculty of Medicine Universitas Gadjah Mada (FK UGM).
3. Undergraduate Program in Medicine refers to Undergraduate Program in Medicine, Faculty of Medicine UGM, both regular and international class.
4. Rector refers to the Rector of UniversitasGadjahMada.
5. Dean refers to the Dean of Faculty of Medicine UniversitasGadjahMada.
6. Vice Dean for Academic, Student and Alumni refers to the Vice Dean who is responsible for running the undergraduate program in medicine and chairing the evaluation of bachelor level and professional level.
7. Vice Dean for Finance, Asset and Human Resource refers to the Vice Dean who is responsible for all of the financial administration, asset and resources.
8. Vice Dean for Research, Community Service and Collaboration refers to the Vice Dean who is responsible for research, community service and collaboration.
9. Head and Secretary of Study Program refer to Head and Secretary of Undergraduate Program in Medicine.
10. Curriculum Committee refers to teamwork appointed by the Dean, and responsible for remaining content of the curriculum in line with the curriculum blueprint.

11. Assessment Committee refers to team work appointed by the Dean, and responsible for:
 - a. Developing policies and regulations on student assessment
 - b. Problem-solving due to arises complaints from lecturers, supporting staffs, and students pertaining to the student assessment
 - c. Problem-solving of infringement on student assessment
 - d. Evaluating student assessment
 - e. Giving deliberation to the Vice Dean for Academic, Student and Alumnion student assessment
 - f. Regularly report on student assessment to the Vice Dean for Academic, Student and Alumni
 - g. Coordinating student assessment

12. Reviewers refer to teamwork, established by Decree of Dean, who responsible for the quality of exam questions and in charge of:
 - a. Reviewing exam questions covers the block final test; make-up test as well as special program test
 - b. Giving feed back to the exam makers

13. Professional Behavior Team refers to teamwork established by Decree of Dean, and in charge of:
 - a. Developing a system of organization for planning, implementation and development of professional behavior
 - b. Developing a nurturing system of student; academic and non academic staffs in implementing professional behavior
 - c. Developing guidelines for the implementation and improvement of professional behavior
 - d. Developing models of learning and continuous professional behavior assessment at the level of undergraduate, profession, graduate, or residency training program

14. Monitoring Team of Student Learning and Counseling refers to teamwork established by Decree of Dean, and in charge of:
 - a. Formulating and developing an instrument of monitoring learning
 - b. Monitoring all of the input, process, output, out come and impact of learning
 - c. Assisting students who encounter obstacles, problems and difficulties in learning process
 - d. Developing student progress report regularly

15. Block Coordinator Team (TKB) refers to teamwork established by Decree of Dean, and in charge of:
 - a. Responsible for the overall activities of the block, from planning; implementation; and evaluation of a block
 - b. Responsible for the daily implementation of the block running
 - c. Reviewing the on going implementation of the block compared to the guideline of tutorial discussion implementation, the guideline of lecture

implementation, and the academic standard of the Faculty of Medicine, University of GadjahMada

- d. Evaluating the overall process of the block at the end of the block
- e. Coordinating with all related department to address any obstacles in the implementation of the block
- f. Coordinating with the TKB of previous block to gain input on the implementation of on going block
- g. Developing and submitting report on the implementation block to the Dean,cq Vice Dean for Academic, Student and Alumni

16. Year Coordinator Team (TKT) refers to teamwork established by Decree of Dean, and in charge of:

- a. Coordinating with the TKB of on going block to synchronize the block content with the curriculum
- b. Developing and submitting report on the coordination result among block and the final report on all 6 blocks to the Dean,cq. Vice Dean for Academic, Student and Alumni
- c. Giving input to all of implementer block to meet the academic standard

17. Clinical Rotation Team and Coordination Team for Teaching Hospital and Health Care Facilities (SARYANKES) refer to team work established by Decree of Dean, and in charge of:

- a. Developing/Revising the curriculum book, log book, guidebook, clinical guideline book Profession Education Program of Medical Doctor
- b. Formulating content and format of the competency-based curriculum Profession Education Program of Medical Doctor.
- c. Designing semi-cluster activity (Radiology, Emergency, Forensic and Medicolegal, Psychiatry, etc)
- d. Disseminating program to all teaching hospitals and affiliated satellite hospital where clinical rotation conducted
- e. Developing training program to support clinical rotation in collaboration with the Department of Medical Education
- f. Developing assessment system of clinical rotation in collaboration with the Assessment Committee
- g. Monitoring the implementation of clinical rotation
- h. Conducting monitoring and evaluation the education quality of structured clinical rotation
- i. Developing plan of action professional behaviour in clinical rotation in collaboration with the Professional Behaviour Team
- j. Monitoring quality of process Profession Education Program at teaching hospitals and Health Care Facilities (saryankes)
- k. Coordinating with the coordinator of profession education at teaching hospitals and Health Care Facilities (Saryankes) in providing

facilities; equipment and infrastructure for Profession Education Program of Medical Doctor

- l. Creating, developing and monitoring the quality of software and other supporting tools in the clinical rotation
- m. Monitoring staffs activity and its performance at teaching hospitals includes financing their compensation
- n. Handling complaints and feedback from the coordinator of profession education at teaching hospitals and Health Care Facilities (Saryankes) to be conveyed to the Vice Dean for Academic, Student and Alumni
- o. Regularly report to the Vice Dean for Academic, Student and Alumni

18. Academic Advisors refer to the faculty staff appointed and established by Decree of Dean, and in charge of:

- a. Providing guidance, advice, suggestion and input to students in developing their study plan.
- b. Providing recommendation to student in term of academic activities, learning strategies and effective learning tips to accomplish competence just in time.
- c. Monitoring student progress under their supervision.

19. Tutor refers to the faculty staff appointed by the Dean, and in charge of facilitating and evaluating students during tutorial discussion.

20. Instructor refers to lecturer who appointed by the Dean, and in charge of assisting students in clinical skills training as well as practicum at each department.

21. Clinical instructor refers to the specialist or authorized doctor (general practitioner, resident) or non-clinician staff appointed by Head of the department to educate medical students during clinical rotation at their department.

22. Clinical advisor refers to the appointed specialist who educate medical students at each department at teaching hospital.

23. Practicum is a laboratory practice organized by a department included Skills Laboratory.

24. Practicum scores is a formal result issued and signed by department/ skillslab/related stakeholder based on students performance of hands on in laboratory practice which comply with the requirements set by the department/skill lab/related stakeholder.

25. Academic year is accordance with the academic calendar developed by Universitas Gadjah Mada

Article3. Program Status

The undergraduate program in medicine FK UGM is a full time program.

Article4. Language

The language of instruction is bahasa Indonesia and English.



CHAPTER II PROGRAM IMPLEMENTATION

Article 5. Learning Phase

The Undergraduate Program in Medicine, Faculty of Medicine Universitas Gadjah Mada is carried out in 3 phases. Phases 1 and 2 include bachelor level, while phase 3 includes professional level.

PHASE 1

Phase 1 consists of Year 1 program, with the theme 'Foundation of Medicine: Human Body Structure & Function'.

Article 6. Year 1 Study Program

1. Year 1 consists of 6 blocks, i.e.
 - A1. *Being Medical Student & Locomotor System* (6 CSU)
 - A2. *Digestive System & Metabolism* (6 CSU)
 - A3. *Cardio-Respiratory System* (6 CSU)
 - A4. *Genito-urinary System* (6 CSU)
 - A5. *Nerve System & Sense Organ* (6 CSU)
 - A6. *Blood & Immune System* (6 CSU)

Comprehensive Community Health Care Educational Program (CCHC-EP) (2 CSU)

Basic Clinical Competence (4 CSU)
2. Student Assessment is carried out at the end of each block so that by the end of the first year, there will be 6 block scores.
3. Basic Clinical Competence is examined by various methods during the learning process at the Skills Lab and OSCE methods conducted once at the end of the first academic year, with material covering clinical skills that are taught during the first year. This exam is called the OSCE I. Assessment during the learning process valued 25%, with the OSCE assessment valued 75%.

PHASE 2

Phase 2 consists of Year 2, Year 3 and Year 4 program with the theme: *Transition from theory to practice (Human Body Structure & Function Problems, Basic Medical Practice and Research, Life Cycle and Diseases, Emergency, Health System & Disaster, Elective)*.

Article 7. Year 2 Study Program

1. Year 2 consists of 6 blocks, i.e.:
 - B1. *Chest Problems* (6 CSU)
 - B2. *Limited Movement & Neurosensory Problems* (6CSU)
 - B3. *Abdominal Problems* (6CSU)
 - B4. *Sense Organ Problems* (6CSU)
 - B5. *Basic Medical Practice* (6CSU)
 - B6. *Research* (6CSU)

Comprehensive Community Health Care Educational Program (CCHC-EP)
(3 CSU)
Basic Clinical Competence (6 CSU)
2. Student assessment is carried out at the end of each block so that by the end of the second year, there will be 12 block scores.
3. Basic Clinical Competence is examined by various methods during the learning process at the Skills Lab and OSCE method is conducted once at the end of the second academic year, with material covering clinical skills that are taught during the first and second year. This exam is called the OSCE II. Assessment during the learning process valued 25%, with the OSCE assessment valued 75%.

Article 8. Year 3 Study Program

1. Year 3 consists of 6 blocks, i.e.:
 - C1. *Safe Conception, Fetal Growth & Congenital Abnormality*(6CSU)
 - C2. *Safe Motherhood & Neonate*6CSU)
 - C3. *Childhood* (6CSU)
 - C4. *Adolescent & Adulthood*(6CSU)
 - C5. *Aging/Elderly* (6CSU)
 - C6. *Life Style Related Diseases* (6CSU)

Comprehensive Community Health Care Educational Program (CCHC-EP)
(3 CSU)
Basic Clinical Competence (6 CSU)
2. Student assessment is carried out at the end of each block so that by the end of the third year, there will be 18 block scores.
3. Basic Clinical Competence is examined by various methods during the learning process at the Skills Lab and OSCE method is conducted once at the end of the third academic year, with material covering clinical skills that are taught during the first, second, and third year. This exam is called the OSCE III. Assessment during the learning process valued 30%, with the OSCE assessment valued 70%.

Article 9. Year 4 Study Program (1 semester)

1. The first semester at Year 4 consists of 3 blocks, i.e.:
 - D1. *Emergency* (6CSU)
 - D2. *Health System & Disaster* (6CSU)
 - D3. *Elective* (6 CSU)
 - Comprehensive Community Health Care Educational Program (CCHC-EP)* (1CSU)
 - Basic Clinical Competence* (4CSU)
2. Student assessment is carried out at the end of each block so that by the end of the fourth year, there will be 21 block scores.
3. Basic Clinical Competence is examined by various methods during the learning process at the Skills Lab and OSCE method is conducted once at the end of D3, with material covering clinical skills that are taught from the first to fourth year. This exam is called the Comprehensive OSCE. Assessment during the learning process valued 25%, with the OSCE assessment valued 75%.

Article 10. Character Building Courses

Character Building courses consist of 2 CSU Pancasila, 2 CSU Civics, and Religion 2 CSU, which are conducted in the phase 2 Year 3 and Year 4.

Article 11. Research Project (Thesis)

Research project (thesis) valued 4 CSU. It could be done after students passing the evaluation in Year 2 and completing Block B6, with the score minimal B/C.

PHASE 3

Theme of Phase 3 is 'Becoming a Competent Doctor', which is carried out during clinical rotation.

Article 12. Clinical Rotation

1. During this period, medical students carried out clinical rotation in 13 clinical departments and one activity called Community Empowerment Learning (*Kuliah Kerja Nyata/KKN*). The clinical departments include:
 - a. Internal Medicine
 - b. Obstetrics and Gynecology
 - c. Pediatrics
 - d. Surgery

- e. Ophthalmology
 - f. Dermatology
 - g. Neurology
 - h. Psychiatry
 - i. Otorhinolaryngology
 - j. Radiology
 - k. Forensic Medicine and Medicolegal
 - l. Anesthesia and Reanimation
 - m. Public Health
2. Detailed regulation of clinical rotation is further explained in the Clinical Rotation Assessment in accordance with the regulation each department.

Article13. Assessment Format: Phase1 dan 2

Formative Assessment:

Formative assessment is aimed at facilitating students to identify their strength and weakness to further upgrade their capability. It is delivered by tutor/instructor/clinical instructor, and typically involves feedback both orally and in writing during learning process. Formative assessment could be scheduled specially and integrated with the learning process.

Sumative Assessment:

1. Block assessment preferably using the Multiple Choice Question(MCQ). In addition to MCQ test block, it must be included in the assessment blueprint written in the block book that has been approved by the Assessment Committee. For non MCQ exam, TKB ensure all of the material in line with the objective, and determine the assessment mechanism as well as the assessor.
2. Practicum Examination. The selected method is the authority of each department or related unit.
3. Clinical skills examination by using OSCE
4. Professional behavior assessment by using observation 360⁰.Source of assessment could be from lecturers, tutors, instructors, peer students and Academic Advisors.
5. Progress test by MCQ
6. Thesis examination

Article 14. Block Assessment Implementation

1. Requirements

All of students obligated to:

1. Attend all of the tutorial schedule. Absence in tutorial with 3 main reason maximum 25% of the tutorial, which is scheduled at this block and should be replaced with assignment or counselling session.
2. Attend all of the practicum schedule. Absence in practicum with 3 main reason should be replaced with inhaal organized by related department.
3. Attend lecture session minimal 75%.

Absence is allowed with 3 main reason, i.e.:

1. illness sick, proven by the official letter from doctor
2. condolence on the loss of parent, husband, wife, children or sibling
3. appointed by the Faculty in any specific event, proven by letter of assignment

2. Block materials exam

Block materials exam based on all of materials in accordance with the learning objective, which is translated in lectures; tutorials; field work, and laboratory work. Proportion of the exams is determined by TKB according to the blue print that has been prepared before starting block, and approved by the Assessment Committee. Block exams are prepared by TKB, and then will be reviewed along with the Reviewer. The selection of exam questions based on the principles of exam formation.

3. Mechanism of compiling exam

- a. Formulation and compiling exam based on learning objectives and the blue print of assessment each block.
- b. Sources of examination materials:
 - Workshop, which is coordinated by the Assessment Committee, early of new semester, by inviting the representative of department.
 - Expert lecturers compile a minimum of 5 new questions for each hour of lecture during the lecture
 - For practicum given on block examination, the practicum coordinator compiles at least 3 new questions every practicum
 - Collection of examination question/bank examination
- c. Language instruction in the examination questions is bahasa Indonesia (for regular class) and English (for international class) with the different examinations but equal.
- d. Compiling of examination questions form the expert lecturer and practicum is the responsibility of related department.
- e. Examination questions of the main and make-up test selected and reviewed by TKB along with the Block Reviewer based on learning objectives and the blue print of assessment.
- f. Decision of the main examination completed by TKB, maximum at the fifth week of on going block.
- g. TKB is responsible for ensuring the sufficient number of examination questions in accordance with the blue print.

- h. All of the examination questions are submitted to the Assessment Secretariat for test preparation.
- i. All academic and supporting staffs involved in the development, submission, and processing of the examination questions are subject to keep the confidentiality.

4. Implementation of Block Examination

Block examination is conducted on week 6 of each running block and coordinated by Head of Undergraduate Program in Medicine.

Block examination preferably conducted in a way of computerized-based testing (CBT), just in case there is a technical obstacles then it is allowed for paper-based testing with regard to the principles of safety and variety of exam questions.

5. Administration and Safety of Block Examination

Block examination, examination preparation and scoring are professionally and safely managed by the Assessment Secretariat under supervision of Head of Undergraduate Program in Medicine.

6. Block Examination Analysis

Block examination analysis is conducted right after the block examination. The analysis result is reported to each examination maker for the improvement of next examination formulation.

7. Students Feedback

After completing block examination, students have a chance (2 working days) to give feedback addressed to TKB. TKB then follow up this feedback, and if necessary respond this feedback.

Article 15. Scoring

Block scores represent the student's cognitive achievement in mastering block.

- a. Block examination scores. Raw scores of block examination reported by TKB to Head of Undergraduate Program in Medicine, cc to the Assessment Committee, no later than 5 working days after examination.
- b. Practicum scores. Each department who conduct the practicum has an authority to determine the passing grade. Department make a recapitulation of students who have met the minimum passing grade determined by department and submit to the Secretariat Assessment no later than 5 working days after final practicum conducted by department. Students who do not meet the passing grade given the opportunity for inhaal, coordinated by the department at the running block. After taking inhaal 2x for a maximum then practicum scores handed to the Secretariat Assessment.

- c. Block scores is a combination of all scores from block examination, practicum scores and other components in accordance with blue print for eachblock. Component of non-block examination valued within a range 0-30%.
- d. If the lecturer or department or TKB have not submitted scores, more than the deadline for submission, then all students will be given score of 67.5 is equivalent to B, for the component that have not been submitted.
- e. Secretariat Assessment combine practicum scores from department with other components in accordance with the blue print block assessment made by TKB and approved by the Assessment Committee.
- f. Score of regular and international students are compiled in a whole, and then scores of block examination is determined by the following grade:

Scores of block examination are converted into grades as follow:

Grade	Score
A	score \geq 75,00
A/B	70,00 – 74,99
B	65,00 – 69,99
B/C	60,00 – 64,99
C	55,00 – 59,99
D	45,00 – 54,99
E	< 45,00

If the number of students from both regular and international class who get a raw score of above 65 (out of 100 items) less than 30%, then Cohen formula is applied for grading.

$$\text{Standar} = nc + (n^* - nc)p$$

n = number of valid items
 c = chance of prediction
 n^* = student's highest score
 p = level of knowledge (60%)

Article 16. Notification of examination result

1. Final score is determined by TKB and Head of Undergraduate Program in Medicine, and approved by the Assessment Committee.
2. The final examination result should be issued within 12 working days after block examination.

Article 17. Substitution Test

1. Substitution test is conducted in conjunction with make-up tests at the end of each semester. Students who are eligible to take substitution test are those who have not taken the block examination for the following reasons:

- a. Sick at the examination day, proven by the official letter from doctor which is submitted no later than 24 hours after examination.
 - b. Condolence on the loss of parent, husband, wife, children or sibling
 - c. Appointed by the Faculty in any specific event, proven by letter of assignment
2. For those who take the substitution test and met all requirements stated in Article 15.1. point a, b, or c will get a maximum grade: A.

Article 18. Make-up test

1. The eligible student to take make-up test:
 - a. Fail the exam.
 - b. Participate in the main block examination with a final result less than A/B.
2. Make-up tests are conducted at the end of each semester, for student at semester 1-6 has a chance for taking make-up test for a maximum of 2 blocks. Whilst for student at the 7th semester has a chance for taking make-up test for a maximum of 4 block.
3. Student should register to the academic office and pay the make-up test fee.
4. For student who take the first make-up test will get a maximum grade: A/B
5. For student who fail the exam or get inappropriate scores at the first make-up test is allowed to take the second make-up test with a maximum grade: B.
6. Final score for student who take make-up test adhere to standard of each batch due to the basic principle of Cohen, which pick the highest score of the cohort batch. Moreover, it applies the fairness among students.
7. For student who has been taking make-up test twice with a final grade E should extend the length of study.

Article 19. Clinical Skills Examination

1. OSCE 1, 2, 3
 - a. Clinical Skills Examination is conducted by using the Objective Structured Clinical Examination (OSCE) and organized by Skills Laboratory under supervision of Head of Undergraduate Program in Medicine.
 - b. Clinical skills examination consists of multiple stations, in order to assess communication skills, physical examination skills, data interpretation skills, diagnostic procedures and treatment, communication and education as well as professional behavior more objectively.

- c. Clinical skills examination is carried out at the end of each academic year, after the last block examination.
- d. Standard of passing grade refers to Borderline Regression Method.
- e. Students passed OSCE if their OSCE scores \geq OSCE passing grade scores and maximum fail in one station with scores ≥ 50 .
- f. Secretariat of skills lab combine scores of learning process and OSCE scores.
- g. For those who passed the OSCE, secretariat of skills lab calculate scores of basic clinical competence with the following percentage:
 - Year 1: Scores during learning process valued 25%, OSCE 1 valued 75%
 - Year 2: Scores during learning process valued 25%, OSCE 2 valued 75%
 - Year 3: Scores during learning process valued 30%, OSCE 3 valued 70%

- h. Grading of basic clinical competence 1,2,3 as follows:

Grade	Score
A	$\geq 75,00$
A/B	70,00 – 74,99
B	65,00 – 69,99
B/C	60,00 – 64,99
C	55,00 – 59,99
D	45,00 – 54,99
E	$< 45,00$

- i. The result of basic clinical competence 1,2,3 is released within 2 weeks after OSCE done.
- j. Student who fail the OSCE, should re-take the failed station in accordance with the Skills lab schedule.
- k. Remediation fee of OSCE is charged to student.

2. Comprehensive OSCE

- a. Comprehensive OSCE is carried out at the end of the first three and a half years.
- b. Standard of passing grade refers to Borderline Regression Method
- c. Students passed Comprehensive OSCE if their scores \geq Comprehensive OSCE passing grade scores and maximum fail in one station with scores ≥ 50
- d. Secretariat of skills lab combine scores of learning process and Comprehensive OSCE scores.
- e. For those who passed Comprehensive OSCE, secretariat of skills lab calculate scores of comprehensive basic clinical competence with the following percentage:
 - Scores during learning process valued 25%, Comprehensive OSCE valued 75%

- f. Score during learning process valued 25%, comprehensive OSCE valued 75%
- g. Grading of comprehensive basic clinical competence as follows:

Grade	Score
A	≥ 75,00
A/B	70,00 – 74,99
B	65,00 – 69,99
B/C	60,00 – 64,99
C	55,00 – 59,99
D	45,00 – 54,99
E	< 45,00

- h. The result of comprehensive basic clinical competence is released within one week after OSCE done.
- i. Student who fail Comprehensive OSCE, should re-take the failed station in accordance with the Skills lab schedule.
- j. For those who fail Comprehensive OSCE in 3 stations could take remediation 1 week after scores released. For those who fail in 4-6 stations could take remediation 2 weeks after scores released. For those who fail more than 6 stations could take remediation 1 month after scores released.
- k. Student who fail Comprehensive OSCE remediation should undertake special program organized by the Skills Lab one week after remediation.
- l. Remediation fee of Comprehensive OSCE is charged to student

Article 20. Professional Behavior Assessment

1. Basic Rule of Professional Behavior Assessment:
 - a. Professional behavior is evaluated through observation using predetermined instrument.
 - b. Professional behavior assessment is conducted in all aspect of academic activities, such as tutorial, lecture, practicum, skills laboratory, clinical rotations, and field visit.
 - c. Each student has a professional behavior assessment log book.
 - d. Results are recorded electronically.
 - e. At the end of each semester, students should present their Professional Behavior Assessment to Academic Advisor for monitoring and assistance purposes.
2. Assessment of professional behavior in each activity
 - a. **Tutorials**, conducted by the tutor.
 - b. **Lectures**, based on the presence.
 - c. **Practicum in departments, skills laboratory and field visit**, conducted by instructor during the activities.

- d. **Clinical rotations**, conducted by the clinical instructor, with reference to the general clinical rotation and department guidebooks
3. Instruments for professional behavior assessment are developed by the Professional Behavior Team.
4. Results of the professional behavior assessment are handed by the practicum administration at each department or skills lab, tutor by using predetermined form, compiled by the academic administration and handed to the Professional Behavior Team.
5. Decision on the results of professional behavior assessment is made by the professional behavior team, under the supervision of the Vice Dean for Academic Affairs.
6. The results of professional behavior assessment are stated as “excellent”, “good”, “fair”, “need special attention”, or “not eligible”. This result becomes one of the components used in the first and second year evaluation, as well as undergraduate and clinical rotation evaluation.
7. Student’s professional behavior record is periodically handed by academic administration to Academic Advisors to be used for providing assistance to the student. If there is a special issue that could not be resolved by the AA, the student will be referred to the Counseling Team. If no improvements arise, then the student will be referred to the professional behavior team who give further recommendation to the Head of Undergraduate Program in Medicine.

Article 21. Progress Test

1. Progress test is a comprehensive formative test conducted periodically and simultaneously to all students at the same time, twice a year in April and October. The test material reflects the final objective of the cognitive aspect of medicine study program curriculum that is to assess functional knowledge development.
2. The objective of progress test is to provide feedback to the student and faculty regarding student’s cognitive mastery.
3. Results of the test will be individually informed to the student in the following format
 - a. Student mastery in general
 - b. Student mastery for specific competence
 - c. Mean, standard deviation, minimum, maximum, mode, and median of each batch;
 - d. Achievement progress

Article 22. Elective Module Examination

Students may take elective modules provided by FK UGM or outside of FK UGM. Modules should be equal to 6 CSU. Modules taken outside of FK UGM should meet the following requirements:

- a. They should be held by partner institutions
- b. Final grade is determined after verification by TKB and the Assessment Committee.

Article 23. Thesis Examination

1. Thesis examination is conducted after student has satisfactorily completed proposal seminar and research project, and conducted result seminar.
2. Thesis board of examiner is composed of expert examiner, content advisor, and methodological advisor. The board is led by the content advisor.
3. Thesis examination components include thesis writing 20%, thesis content 40%, presentation aspect 10%, and answering questions 30%.
4. Thesis final grade is as follows

Grade	Score
A	$\geq 75,00$
A/B	70,00 – 74,99
B	65,00 – 69,99
B/C	60,00 – 64,99
C	55,00 – 59,99

Article 24. Clinical Rotation

1. Requirements for clinical rotation program

The eligible students:

- a. Pass from the undergraduate program;
- b. Meet all administrative requirements including re-registration;
- c. Healthy, based on the medical check-up performed by the Medical Check-Up Team selected by the Faculty.

Prior to taking clinical rotation, students are required to:

- a. Sign an informed consent
- b. Take the doctor oath
- c. Attend all required clinical rotation orientation activities

2. Clinical Rotation Assessment

- a. All assessment in the clinical learning aimed at ensuring the fresh graduated medical doctor have achieved all competencies required to become a medical doctor.
- b. Various types of evaluation studies should be conducted to identify the ability of cognitive, affective and psychomotor graduates to be qualified

physician. The evaluation consists of the value of the process and final exam scores. The proportion of assessment as follows:

No	Source/Assessment Method	Value of Final Scores (%)
1	Tutorial	5-10
2	Case Reflection	5-10
3	Mini-CEX and or DOPs	30-40
4	Case management (log book)	5-10
5	Specific activities at department	0-10
6	MCQs	0-10
7	Final examination (could be 1 atau more: oral test, written test, OSCE, OSLER, or Case-Base Discussion)	25-30

c. During clinical rotation there will be 3x progress test.

2. Competency Test

Competency Test conducted nationally, through MCQ with CBT (Computerized-based Testing) and the OSCE were conducted after completion of clinical rotation. The eligibility criteria:

1. Has been following 3x progress test during the clinical rotation. Progress tests carried out according to the UK procedure.
2. Scores of 3x progress test showed trend of increasing
3. Scores of final progress test at least 65.
4. Follow the guidance of the OSCE conducted by faculty full time.
5. Follow the guidance and tryout program of internal CBT conducted by faculty full time.

Article 25. Academic Advisors

1. Academic Advisors comprise of 2 types, Academic Advisor and Clinical Advisor.
2. Academic Advisor assist the students entrusted to them through out the students' learning process. Academic Advisor should provide more intensive assistance/consultancy to students who encounter problems.
3. One Academic Advisor assists a maximum of 10 students until the students pass bachelor degree.
4. Academic Advisor holds regular meetings with the students under his supervision at least once during the course of one block in the bachelor level.
5. Clinical Advisor in charge of providing feed back and monitoring learning process during clinical rotation.

CHAPTER 3 EVALUATION

Article 26. First Year Evaluation

1. The objective of the first year evaluation is to provide feedback and identify students' deficiencies as early as possible during the first year so that more appropriate assistances can be provided. Assistances for deficient students are focused to help them to develop a more systematic and structured study plan in the following year.
2. Students with extreme deficiencies will receive a written warning and advised to reconsider whether they would like to continue their study at the Faculty of Medicine or to move to more appropriate study program.
3. Written warning is given to students who met the following requirements:
 - a. One or more E grades and/or a GPA of $< 2,5$
 - b. The assessment of professional behavior evaluation is "not eligible"
 - c. Never undertake progress test
4. Written warning (SP1) is sent to the student, with copies to parents, AA and scholarship grantee (for international students).

Article 27. First Two-Year Evaluation

1. The objective of the first two-year evaluation is to determine whether students can continue their study.
2. Requirements to continue study to the third year:
 - a. GPA of the best 6 blocks $\geq 2,5$
 - b. Passed the first year of basic clinical competence
 - c. Accomplished progress test at least 3 times
 - d. The assessment of professional behavior is "excellent", "good", "fair" and "need special attention"
3. For those who do not meet point 2, yet they have GPA of the best 30 CSU ≥ 2 , must retake previous block in the first and or second year.
4. At the end of semester 3, for those who fail to fulfill point 2 will get a written warning(SP 2).
5. Student, who has GPA of the best 30 CSU < 2 , is considered resign. The administration process of his/her resign will be conducted by the Faculty Board.
6. Students, who do not register for 4 consecutive semesters during bachelor level without notification, are considered resign and loss the students' right.

Article 28. Evaluation for Bachelor Level

1. The objective of the evaluation for bachelor level is to determine student's eligibility to pass undergraduate program and obtain the title 'Bachelor of Medicine' (S.Ked).
2. To be eligible to obtain bachelor of medicine title, students should have:
 - a. Completed all block examinations, including the personality development classes, as well as thesis examination, with GPA of $\geq 2,5$
 - b. No E mark
 - c. D mark of no more than 5 blocks
 - d. Passed the first, second and third basic clinical competence, and Comprehensive
 - e. Accomplished 7 progress test
 - f. The assessment of professional behavior is "excellent" or "good"
 - g. The length of study undergraduate follow the rules of the University.
3. Should a student not meet all the requirements above, he/she is considered ineligible to obtain a Bachelor of Medical degree, or considered resign accordingly or drop out by the university based on the faculty recommendation.
4. After obtaining the title 'Bachelor of Medicine', students may continue to take the professional program (clinical rotation).
5. Students, who do not register for 4 consecutive semesters during bachelor level without notification, are considered resign and loss the students' right.

Article 29. Evaluation of Professional Level

1. Professional phase is carried out in semester 8 to semester 11 in several teaching or affiliate hospitals, community health centers, and in field study sites.
2. Evaluation on clinical rotation is performed by each clinical department, as shown in Article 24. Requirements for completing professional level to hold Medical Doctor degree:
 - a. Met all administrative requirements
 - b. Accomplished progress test at least 2 times
 - c. Passed all departments or stase
 - d. The assessment of professional behavior is "excellent" or "good"
 - e. Passed national competence examination (UK).
 - f. The length of professional education studies follow the rules of the University
3. Students, who do not register for 4 consecutive semesters during professional level without notification, are considered resign and loss the students' right.

Article 30. Penalty for Violation

- i. Students who break the rules and proven to conduct cheating or plagiarism or collusion will get academic penalty and be disqualified, considered not take the exam.
- ii. For those who break the professional behavior and or ethical conduct will be handled by Professional Behavior Team.

Article 31. Special Treatment

In case of major curriculum change during study, students who were subject to previous curriculum have a chance to complete their study through special treatment using previous regulation and curriculum.

Article 32. Legal Disclaimer

In any misunderstandings or disputes arise during student's learning and assessment process, the Assessment Committee may make clarification and has the authority to provide recommendations for problemsolving. In the event that the recommendations fail, the problem solving will be submitted to the Faculty Board.

Article 33. Amendment

If any part of this regulation is or becomes void, voidable or otherwise invalid or unenforceable, whether due to the provisions of new regulation, this regulation will be reviewed and reworded so that it becomes valid and enforceable. In the event that there will be deficiency in this regulation, it will be revised accordingly.

List of Abbreviations (in alphabetical order)

AA : Academic Advisors
GPA : Grade Point Average
CSU : Credit Semester Unit
MCQ : Multiple Choice Question
Mini CEX: Mini Clinical Examination Exercise
OSCE : Objective Structured Clinical Examination
OSLER: Objective Structured Long *Examination* Record
TKB : Block Coordinating Team (Tim Koordinator Blok)

TKT : Team CoordinatorYear (Tim KoordinatorTahun)
UGM : UniversitasGadjahMada
UK : Competence Test (UjiKompetensi)

