

The 3rd Jogja Rendezvous for Innovation and Transformation in Medical Education (JIT)

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Excellence in Teaching and Learning in Health Professions Education

Yogyakarta, Prime Plaza Hotel, 4-6th March 2019

Department of Medical Education Faculty of Medicine - Universitas Gadjah Mada

The 3rd Jogja Rendezvous for Innovation and Transformation in Medical Education (Just in Time)

Excellence in Teaching and Learning in Health Professions Education

Yogyakarta, 4th - 6th March, 2019

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Department of Medical Education Faculty of Medicine - Universitas Gadjah Mada

The 3rd Jogja Rendezvous for Innovation and Transformation in Medical Education (Just in Time)

"Excellence in Teaching and Learning in Health Professions Education"

STEERING COMMITTEE

Prof. Ova Emilia, MD, MMedEd, PhD, SpOG(K) - Dean of FKKMK-Universitas Gadjah Mada Prof. Gandes Retno Rahayu, MD, MMedEd, PhD - Vice Dean for Academic and Student Affairs of FKKMK-Universitas Gadjah Mada

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Welcome Message

The development of knowledge in the field of medicine and health as a result of demographic changes in the recent years, led to the shifting of disease burden and distribution. This phenomenon transformed health care systems and patients, including the need of high quality of care by health care professionals.

The increasing demand of health care professionals is followed by the increasing numbers of medical and health care professions education institutions. Consequently, the need for innovation in curricula, teaching and learning methods, and learning resources, become significant for the institutions to produce competent health care professionals. How the leaders and educators in health care professions education overcome these challenges, is the key to a better health care system.

Jogja Rendezvous for Transformation and Innovation in Medical Education (JUST IN TIME) held by the Faculty of Medicine, Public Health, and Nursing Universitas Gadja Mada, invites leaders and educators in Indonesia to join the national seminar discussing the Excellence in Teaching and Learning in Health Professional Education. This is an opportunity for leaders, educators and those who have the same vision, to connect and collaborate, to learn and update, for a better health care professions education in Indonesia.

Chairman

Mora Claramita, MD, MHPE, PhD

Contents

hort Communi	cations	•••••
ne Winners ull Papers		
Wico Hartantri	Qualitative exploration of indonesian student perception of "the perfect" problem -based learning tutor	23
Satrio Wicaksono	Relationship between student perceptions of problem based learning (pbl) and the application of self directed learning (sdl) at faculty of medicine of halu oleo university	39
Fatma Sylvana Dewi Harahap	Religion as morals of education leadership and management of midwifery in indonesia: in perspective of the leader women and children hospital and college ofhealth budi kemuliaan jakarta	47
Ashaeryanto	The correlation of intrinsic motivation with self -directed learning implementation in the faculty of medicine of halu oleo university of kendari	56
Sri Mulyati	Studi penelusuran alumni jurusan kebidanan bandung poltekkes kemenkes bandung	66



AGENDA

Day 1: Monday, 4 March 2019

Time	Agenda	PIC
12.30 - 13.00	Registration for participants	MC:
		Naya
13.00 – 13.10	Opening	Prof. Dr. Ir. Djagal Wiseso Marseno,
		M.Agr
		Vice Rector of Academic and Students
		Affairs UGM
13.10 – 13.15	Introduction of keynote	Moderator:
	speakers: CVs	Prof. Gandes Retno Rahayu, MD,
		MMedEd, PhD
13.15 – 15.15	Preparing health	Keynote speakers:
	professional education	Prof. Ali Gufron Mukti,MD. M.Sc,
	institution towards 4.0 era	Ph.D
		(Ministry of Research, Technology and
		Higher Education Republic of
		Indonesia)
15.15 – 17.00	Establishing network and	Sugiyanto,S.Pd.,M.App.Sc
	collaboration of health	(Head of Board for Development and
	professional education	Empowerment Human Resource of
	institutions towards 4.0 era	Health, Ministry of Health Republic of
		Indonesia)
17.00-17.15	Wrap Up and Closing	Moderator
	Remark	

Day 2: Tuesday, 5 March 2019

	e Agenda PIC	
08.00 - 12.00	Dies Natalis FK-KMK UGM	JIT Participant may join
12.00 - 13.00	Lunch	
13.10 – 13.15	Introduction of keynote	Moderator:
	speakers: CVs	Mora Claramita, M.D, M.H.P.E, Ph.D.
13.15 – 13.45	Seminar: "FAIMER Institute: Fifteen Years Educating the World – key leaderships in medical and health professions	John J. Norcini, Ph.D. (President and CEO of the FAIMER Institute)

	education to approach SDGs."	
13.45 – 14.15	Seminar: "Improving Capacity of	Prof. Ara Tekian, M.D., Ph.D., M.H.P.E.
	Hoalth Caro Workforco	(University minors Chicago Department Medical Education)
	Rasad on Evidence Rasad	Departement Medical Education)
	Practice in Medical and	
	Health Professions	
	Education."	
14.15 – 14.45	Discussion	Moderator:
		Mora Claramita, M.D., M.H.P.E., Ph.D.
14.45 – 15.30	Break	
15.30 – 17.00	Short Communication	Moderator:
	Free Papers	Yoyo Suhoyo, MD, M.Med.Ed., Ph.D.
		Siti Rokhmah Projosasmito,
17.00 – 17.30	Alumni Day	Yoyo Suhoyo, MD, M.Med.Ed., Ph.D.
	(Launching of regional	
	training)	
17.30-18.00	Closing day 1	МС

Day 3: Wednesday, 6 March 2019

Time	Agenda	PIC
08.00 - 08.30	Registration	
08.20 - 08.30	Opening Session	MC:
		Naya
08.30 – 09.30	Panel Discussion: Establishing effective multi- institutional network collaboration Each panelist: 15 minutes speech	 John J. Norcini, Ph.D. (FAIMER Institute) Prof. Dr. Med. Tri Hanggono Ahmad, M.D. (Rector of Universitas Padjadjaran) Sugiyanto,S.Pd.,M.App.Sc (Head of BPPSDMK RI) Prof Ova Emilia, MD, M.Med.Ed, Ph.D. Sp.OG(K) (Dean of FK-KMK UGM)
		Moderator: Prof. Gandes Retno Rahayu, MD, MMedEd, Ph.D.

09.30 - 10.00	Discussion	Moderator: Prof. Gandes Retno Rahayu, MD, MMedEd, PhD	
<u>10.00 – 10.30</u> 10.30 – 11.30	Coffee breakPanel discussion:Improving Teaching andLearning in PostgraduateClinicalEducation(Residency) CurriculumEach panelist: 20 minutesspeech	 Prof. Ara Tekian, MD, Ph.D, MHPE (University Illinois Chicago Departement Medical Education) dr. Ardi Findyartini, Ph.D (Universitas Indonesia) Prof. Dr. Nancy Margarita Rehatta, MD, Sp.An- Sp.An.KIC.KNA.KMN (Universitas Airlangga) 	
		Yoyo Suhoyo, MD, M.Med.Ed., Ph.D.	
11.30 – 12.00	Discussion	Moderator: Yoyo Suhoyo, MD, M.Med.Ed., Ph.D	
12.00 - 13.00	Break		
13.00 – 14.45	 Workshop range of selection: 1. Workshop practical guide of Nursing 2. Workshop practical guide of workplace- based assessment 3. Workshop practical guide of Entrustable Professional Activity 	 Dr. Heny Suseani Pangastuti, SKp, MKes dr. Yoyo Suhoyo, MMedEd, PhD dr. Titi Savitri Prihatiningsih, MA, MMedEd, PhD 	
	Parallel with IAM-HPE meeting		
14.45 – 15.30	Break		
15.30 - 17.00	 Workshop range of selection: 1. Workshop practical guide of OSCE 2. Workshop practical guide of Facilitating clinical skills training 	 dr. Hikmawati Nurokhmanti, MSc dr. Ide Pustaka Setiawan, MSc, Sp.OG 	
17.00 – 17.30	3. Workshop practical guide of IPE Closing	3. dr. Amandha Boy Timor Randitha, MMedEd MC	

Jogja Rendezvous for Innovation and Transformation in Medical Education (Just in Time) 2019

Curriculum Vitae

SPEAKERS

Prof. dr. Ali Ghufron Mukti, M.Sc., Ph.D.

Director General of Science, Technology and Higher Education Resources Ministry of Research, Technology and Higher Education Republic of Indonesia



Date of birth: Blitar, 17 May, 1962

Bussines Address:

Kementerian Riset, Teknologi dan Pendidikan Tinggi Direktorat Jenderal Sumber Daya Ilmu Pengetahuan, Teknologi dan Pendidikan Tinggi Lantai 5 Gedung D Kementerian Ristek Dikti Jln. Jenderal Sudirman, Pintu I Senayan Jakarta Pusat

Degree	Year	Institution	Field
Medical doctor	1986/1988	Gadjah Mada University,	Medicine
		Faculty of Medicine,	
		Yogyakarta, Indonesia	
MSc	1991	Mahidol University,	Tropical
		Thailand	Hygiene
PhD	2000	University of Newcastle,	Medicine
		Australia	

Sugiyanto, S.Pd., M.App.Sc

Head of Board for Development and Empowerment Human Resource of Health, Ministry of Health Republic of Indonesia

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Degree	Institution	Field
S.Pd	IKIP PGRI Semarang	Bahasa &
		Sastra Inggris
Diploma IV	Royal Melbourne	Teknik
	Institute of Technology	Radiology
	Australia	
M.App.Sc	Royal Melbourne	Keteknisian
	Institute of Technology	Medis
	Australia	



Prof. Dr. med. Tri Hanggono Achmad, MD

Rector of Universitas Padjadjaran

Date of birth: Bandung, 22 September, 1962

Bussines Address:

Jalan Eijkman No. 38 Bandung, 40161 Jalan Raya Bandung-Sumedang Km. 21

Degree	Year	Institution	Field
Medical doctor	1987	Universitas Padjadjaran	Medicine
Course	1990	Inter University Centre – Institute of	Genetic
		Technology Bandung,	enginering
Course	1991	Inter University Centre – Institute of	Molecular
		Technology Bandung,	Biology
Short Course	1992	Bad Onheuysen – Germany	Animal Research
			Technology
Doctor	1995	Institute of Clinical Biochemistry,	Clinical
		School of Medicine, University of	Biochemistry
		Bonn, Germany	
Fellowship	2000	Educational Commission for Foreign	Medical
		Medical	Education
		Graduate, USA	
Course	2001	Universitas Padjadjaran	Applied
			Approach (AA)
Dean's Course	2010	German Academic Exchange Service	Higher Education
		Fachhochschule Osnabrueck-	Development
		German Rector's Conference-	
		Central for Higher Education	
		Development, Osnabrueck-Berlin	



Prof. dr. Ova Emilia, MMedEd, PhD, SpOG(K)

Dean of Faculty Medicine, Public Health, and Nursing Universitas Gadjah Mada



Date of birth: Yogyakarta, February 19, 1964

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Degree	Year	Institution	Field
Medical doctor	1989	Gadjah Mada University,	Medicine
		Faculty of Medicine,	
		Yogyakarta, Indonesia	
Diploma in Medical	1990	Centre for Medical	Medical
Education		Education, University of	education
EUUCALION		Dundee, Scotland, UK	
Master of Medical	1991	Centre for Medical	Medical
Education		Education, University of	education
		Dundee, Scotland, UK	
Medical Specialist	2000	Faculty of Medicine,	Obstetrics&
		Gadjah Mada	Gynecology
		Univ.Yogyakarta	
PhD	2000-2004	University of New South	Clinical
		Wales, Sydney Australia	Teaching
Specialist Consultant	2009	Faculty of Medicine,	Obstetrics
		Gadjah Mada	Gynecology
		Univ.Yogyakarta	Social

John J. Norcini Jr.

President and Chief Executive Officer of the Foundation for Advancement of International Medical Education and Research (FAIMER)



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Education:

Department of Education and Child Development, Bryn Mawr College Ph.D. in Child Development and Counseling, Spring 1981.

Department of Psychology, LaSalle University B.A. in Psychology, Spring 1974

Ara Tekian, MHPE, PhD

University Illinois Chicago Departement Medical Education



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Degree	Year	Institution	Field
B.S	1975	American University of	Biology and
		Beirut, Beirut, Lebanon	Chemistry
M.S	1979	American University of	Neuroanatomy
		Beirut, Beirut, Lebanon	
PhD	1981	American University of	Neuroscience
		Beirut, Beirut, Lebanon	
Short-Term	1981	Center for Educational	Educational
Fellowship		Development, University	Development
		of Illinois at the Medical	
		Center, Chicago, Illinois.	
MHPE	1983	Center for Educational	Health
		Development, University	Profession
		of Illinois at the Medical	Education
		Center, Chicago, Illinois.	

Prof. Dr. dr Nancy Margarita Rehatta, SpAn.KNA,KMN

Professor in Anesthesiology and Intensive Care Therapy

Date of birth: Ampenan, 3 October 1950





Degree	Year	Institution	Field
Medical doctor	1976	Airlangga University,	Medicine
		Surabaya, Indonesia	
Medical Specialist	1981	Airlangga University,	Anesthesiology
		Surabaya, Indonesia	
Doctoral	1999	Airlangga University,	Medicine
		Surabaya, Indonesia	

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Degree	Year	Institution	Field
Medical doctor	2002	Universitas Indonesia,	Medicine
		Jakarta, Indonesia	
PhD	2012	Faculty of Medicine,	Medical
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		Melbourne, Australia	

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MODERATORS

Prof. Gandes Retno Rahayu, MD, MMedEd, PhD

Vice Dean for Academic and Student Affairs of Faculty Medicine, Public Health, and Nursing Universitas Gadjah Mada



Date of birth: Klaten, 26 August, 1971

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Degree	Year	Institution	Field
Medical doctor	1997	Universitas Gadjah Mada	Medicine
MMedEd	2001	University of Dundee,	Medical
		Scotland, UK	Education
PhD	2005	University of Dundee,	Medical
		Scotland, UK	Education
Fellowship	2013-	FAIMER Institute,	Medical
	2015	Philadelphia, USA	Education

Mora Claramita, MD, MHPE, PhD

Head of Department of Medical Education and Bioethics Faculty Medicine, Public Health, and Nursing Universitas Gadjah Mada



Date of birth: Yogyakarta, 2 August 1974

Bussines Address:

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Degree	Year	Institution	Field
Medical doctor	2000	Universitas Gadjah Mada	Medicine
MHPE	2005	Maastricth University,	Medical
		The Netherlands	Education
PhD	2012	Maastricth University,	Medical
		The Netherlands	Education
Fellowship	2013-	FAIMER Institute,	Medical
	2015	Philadelphia, USA	Education

Yoyo Suhoyo, MD, MMedEd, PhD

Secretary of Department of Medical Education and Bioethics Faculty Medicine, Public Health, and Nursing Universitas Gadjah Mada



Date of birth: 8 September 1979

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Education:			
Degree	Year	Institution	Field
Medical doctor	2005	Universitas Gadjah Mada	Medicine
MMedEd	2008	Universitas Gadjah Mada	Medical
			Education
PhD	2018	University Medical	Medical
		Centre Groningen-	Education
		Groningen University,	
		The Netherlands	
Fellowship	2014-	FAIMER Institute,	Medical
	2016	Philadelphia, USA	Education

Wika Hartanti, MD, MIH



Date of birth: 7 September 1984

Bussines Address:

Center for Bioethics and Medical Humanity (CBMH), FM UGM (First App.) Department Medical Education and Bioethics (Second App.) Faculty of Medicine, Gadjah Mada University Jalan Farmako Sekip Utara, Yogyakarta, 55281, Indonesia Office Tel: +62 274 581876 Mobile phone: +62 8122692450 Email: wika.hartanti@mail.ugm.ac.id; wikahartanti@ymail.com

Year	Institution	Field
2004	Universitas Gadjah Mada	Medicine
2008	Universitas Gadjah Mada	Medicine
2010	University of	Biomedical
	Washington, Seattle,	Research
	USA (NIH Grant)	Ethics
2014	Monash University,	Health
	Australia	
	Year 2004 2008 2010 2014	YearInstitution2004Universitas Gadjah Mada2008Universitas Gadjah Mada2010University ofWashington, Seattle, USA (NIH Grant)2014Monash University, Australia

Short Communications

Room 1-LANGENDRIO

Theme: Facilitating Learning Judges:

- Hikmawati Nurokhmanti, MD, M.Sc

- Ahsanudin Attamimi, MD, SpOG(K), MMedEd

No	Time	Name	Title
			Learning objective of the anatomy
1	15.40-15.50	Siti Munawaroh	circulation system for
			The medical students: a delphi study
			Qualitative exploration of indonesian
2	15.55-16.05	Wico Hartantri	student perception of "the perfect"
		problem-based learning tutor	
			Relationship between student perceptions
3 16.10-16.20	Satrio Wicaksono	of problem based learning (pbl) and the	
		application of self directed learning (sdl) at	
			faculty of medicine of halu oleo university
Л	16 25 16 25	Zwasta Pribadi	Personal and professional development
4 10.25-10.55	Mahardhika	camp for first year medical students	
		Vany Duah C	Enhance student's clinical reasoning and self
5 10.40-10.50	10.40-10.50	reny Dyan C.	directed learning with interactive e-book
6	16 55 17 05	Siti Rokhmah	Reviving Medical Students' Academic
0 10.55-17.05		Projosasmito	Writing Skills

Room 2-LANGENHARDJO

Theme: Curriculum, Assessment, and Management & Leadership Judges:

- Siti Rokhmah Projosasmito, MD, Med(L,P&C)

- Widya Wasityastuti, MD, M.Sc, M.Med.Ed, Ph.D

No	Time	Name	Title
1	15.40-15.50	Resti Rahmadika Akbar	An analysis of progress test at faculty of medicine, universitas baiturrahmah
2	15.55-16.05	Imelda Ritunga	Gadgets and exam scores practicum of medical student parasitology
3	16.10-16.20	Shofiyah Latief	Comprehensive test scores as a predictor for passing the UKMPPD
4	16.25-16.35	Fatma Sylvana Dewi Harahap	Religion as morals of education leadership and management of midwifery in indonesia: in perspective of the leader women and children hospital and college ofhealth budi kemuliaan jakarta
5	16.40-16.50	Riry Ambarsarie	Leadership's role in influencing faculty development program in medical schools at developing countries

Room 3-LANGENRARAS

Theme: Others

Judges:

- Yoyo Suhoyo, MD, M.Med.Ed, Ph.D

- Dr. Eti Nurwening, MD, M.Med.Ed, M.Kes

No	Time	Name	Title
1	15.40-15.50	Ashaeryanto	The correlation of intrinsic motivation with self-directed learning implementation in the faculty of medicine of halu oleo university of kendari
2	15.55-16.05	Camelia Farahdila Musaad	Depression and anxiety level among undergraduate medical students of yarsi university
3	16.10-16.20	Sri Mulyati	Studi penelusuran alumni jurusan kebidanan bandung poltekkes kemenkes bandung

THE WINNERS



1. Best Oral Presentation

Wico Hartanti

"Qualitative exploration of indonesian student perception of "the perfect" problem-based learning tutor"

2. Runner Up Oral Presentation

Zwasta Pribadi Mahardika

"Personal and professional development camp for first year medical students"

3. 2nd Runner Up Oral Presentation

Shofiyah Latief

"Comprehensive test scores as a predictor for passing the UKMPPD"

Full Papers

Qualitative Exploration of Indonesian Student Perception of The Ideal Problem-based Learning Tutors

Wico Hartantri, Jodie Josephine, Ernawaty Tamba Medical Education Unit, Faculty of Medicine, Universitas Kristen Krida Wacana wico.hartantri@gmail.com

ABSTRACT

Background: Problem-based learning (PBL) has been implemented for over a decade in Indonesia, yet further investigation of the adaptability of this approach to medical education in Indonesia is still considered essential. One of the key aspects of PBL implementation is the role of tutors. Considering the multiple aspects of this role, students' perception of the ideal tutor is considered beneficial to inform tutors of what are expected of them. This study will explore the students' perception of the ideal features of PBL tutors in Indonesia.

Summary of work: This study provides in-depth qualitative analysis of the students' perception of the ideal features of PBL tutors that were expressed in four focus group discussions (FGD). Each FGD was attended by 6-8 students that were grouped according with their year of study. The FGDs were started with an informed consent, voice recorded, and lasted 60-70 minutes. The transcriptions of each discussion were analyzed thematically by using NVivo qualitative data manager software.

Summary of results: There are five prominent aspects of the ideal tutor found in this study, i.e.: (1) knowledgeability, (2) objectivity, (3) supportiveness, (4) approachability, and (5) attentiveness. These themes are related with several other sub-themes that were collected by examples and comments that the students gave during the discussion. In the discussion, some contextual constructs also added insights on how the 'ideal' features influence the learning processes in the student's learning environment.

Discussion & conclusion: Despite the hierarchic nature of Indonesian medical teaching, tutors are expected to be more approachable and communicative. Students showed much appreciation for tutors who gave clear guidance both in the process and content of PBL by giving intriguing questions to facilitate PBL. Interestingly, student also mentioned that they value direct feedback from their tutors and hoped more feedback were given during PBL sessions. It is important for PBL tutors to understand not only their roles but also the ideal features of a tutor in order to perform more effectively and meet the expectation of medical students.

Take-home Messages: PBL tutors should comprehend their roles very well while understanding what their students' expectation of them are. Tutors should also be strategic in all of their intervention during group discussion to ensure that the cognitive, affective, and (if applicable) psychomotor objectives of PBL are achieved.

Keywords: Problem-based learning, tutors, facilitating learning

Introduction

In the era of medical curriculum transformation from the teachercentered learning to studentcentered learning, Problem-based Learning (PBL) has been utilized as the prominent approach. Since the beginning of 1990, there have been curriculum shifts major in education in Indonesia. The principle is to form а multidisciplinary system-based blocks and by removing the barrier between basic medical science and clinical science, this integrated curriculum is deemed better for knowledge retention(1, 2). The shifts surrounded the important aspects of integration of basic medical science and clinical science by the approach of Problem-based Learning.

Studies suggests that learning improves when theories of teaching and learning are implemented. There is a need to understand how PBI should be implemented, what kinds of learning outcomes be can supported by PBL, and strategies that can be used by teachers to support student learning. PBL uses student-centered а teaching method where students are formed into small groups to discuss cases, reactivating their previous knowledge and constructing coherent explanations of the problem(1). Aside from promoting learning, active PBL enables constructive. contextual. collaborative and self-directed learning(3, 4). Contextual learning uses cases or problems relevant to the practice that enhances the learners' awareness of their learning for better recall and application. Collaborative learning also enhances shared situational awareness in a dynamic process.

Self-directed. student-centered adult learning in PBL has a positive impact on life-long learning as it aids the learners to build up acquiring the autonomy in knowledge, practical skills and attitudes necessary for their professional career development(5).

One of the key aspect of PBL implementation is the tutor and how that role is carried out is crucial to the achievement of its learning outcomes(6). Conventional of method а discussion is when a tutor assumes a didactic role whereas a major feature of PBL is that students take responsibility for identifying and addressing their own learning needs. Tutors are expected to facilitate, create a supportive environment learning which encourages active participation by students rather than take the role as a content expert(7, 8). However, previous studies indicated that the roles of the tutors are still not clearly defined(9).

In this late 2010s, the nature and need of medical students have significantly vary from the earlier students. It will be interesting to evaluate how the development of the use of technology and internet might have influenced students' needs and expectations. Students' needs and interests can be formulated into criteria of evaluations to identify effective teaching behavior(8, 10).

In addition to styles of teaching in the facilitative and collaborative domains, students perceive it as necessary but also need other attributes such as inter-personal skills, and having broad knowledge about the cases in tutorial(11). Considering the multiple aspects of this role, students' perception of the ideal tutor is considered beneficial to inform to tutors of what are expected of them. This study will explore the Indonesian students' perception of the ideal features of PBL tutors.

Research Methods

Setting

This study was conducted in the Faculty of Medicine of Universitas Kristen Krida Wacana (FM UKRIDA). UKRIDA is a private university in Jakarta that have been established for 52 years. FM of UKRIDA is accredited very good by Akreditasi Mandiri Lembaga Tinggi Pendidikan Kesehatan Indonesia (LAM-PTKES). There are currently 1.414 students studying in the faculty, both in the undergraduate dearee (893 students) and the clerkship program (521 students). PBL was implemented in UKRIDA since the academic year of 2006/2007 and was evaluated in 2014 and the early 2019. The hybrid PBL with modified Maastricht Seven Jump technique was adapted to cater the needs of our students while pursuing the excellence of medical education teaching and learning.

The FGDs for this study were organized in November 2018 -January 2019. The choice for this period of time was because we consider that there would have been enough PBL experience for students of all year of study. This especially consideration was applicable for the students in their first semester. By the time the study was conducted, the first semester students would have had experienced 3 months' worth of PBL discussion. The experience would enable them to have a view and expectation of the ideal features for a PBL tutor.

Participants

This study employs qualitative data exploration on four focus group discussions (FGDs) of student participants. Students were informed about this qualitative study and recruited for FGDs via Google Form, where students may signup online voluntarily. Disclaimer were made that there would not be any academic implication towards the participation FGDs for this Additionally, both the facilitator and observer for the FGDs were not academically related with the students.

There were 24 students (Male=11, Female=13) that participated in this study. The students were numbered in the order that they signed up for the FGD. Each FGD was attended by 4-8 students representing each vear of undergraduate study and а clerkship period. The participant of the FGDs were grouped according with their year of study and distributed as follows:

FGD	Year of study	No. Male	No. Female
	First year	3	4
II	Second Year	1	0
	Fourth Year	3	0
III	Third Year	2	6
IV	Clerkship	2	3
То	tal	11	13

Table 1. Study participants distribution

Data collection

Before the formal FGDs. We conducted a brainstorming session and composed a 'prompt sheet' that consists of several main points for discussion. For example, 'What do you think about a good PBL session?', 'What is your perception about an ideal tutor?', 'What are your expectations toward a tutor during PBL discussions?', 'What are the roles of the tutors that have helped during you PBI discussions?', 'What would be the distinctive feature of a good and a bad tutor in PBI?'. The sheet was utilized primarily for the basis of discussion and was not planned to be prescriptive. The items were certainly not restricting the discussion in the sense of superseding the expressed opinions of the participants.

The FGDs were started with an informed consent where facilitator

informed the participants about the confidential nature of the discussion and its objectives. All participants were reassured of the confidentiality and the right to withdraw at any time during the discussion. Although during the specific discussion names of students and tutors were mentioned, they were kept in discretion for the purpose of objectivity in data analysis.

The discussions were conducted in Indonesian and were audio recorded. Each session lasted for about 60-70 minutes. Facilitator and an observer made field notes during the discussion and helped the conversation going with relevant open-ended questions with the study.

Data Analysis

Transcriptions in Indonesian language of each discussion were

made based the audio on recordings. Two data analysts, including the first author and one research assistants, independently reviewed, coded, and analyzed the transcripts. The principle was that the multiple FGDs will serve effectively serves as a proxy for theoretical sampling. FGDs will supply information as sampling that adds to the investigation of meaningfulness of the relevant theoretical themes and refinement of those themes(12). Therefore, researchers will lise the information from the FGDs to evaluate whether the themes that emerged from one group also emerged from other groups. Doing so would assist the researcher in reaching data saturation and/or theoretical saturation.

The concept of classical content analysis for qualitative data investigation were adopted in this study. This analytic concept includes generating smaller group of the data and then assigning n a code with each group. During the first encounter with the transcripts, researchers first read and study the transcripts. Any presuppositions and verdicts were avoided or suspended when reading the text. We mainly focused on the actualities and information that were visible in the transcripts. Notes of opinions, observations, and reflection were taken during our exploration with the text.

Secondly, researchers gathered related themes together as clusters of concepts, which provided an overall structure demonstrating an association among the themes. The coding and clustering process were conducted by using NVivo qualitative data manager software.

Lastly, researchers translate quotations that best captured the of the participants' essence thoughts and feelings about their tutors in PBL sessions into English. A summary table were arranged that contains the themes and relevant quotations from students. These processes were iteratively applied to all the discussion data until а consolidated list of categories the cvclical from analysis were formed.

Result

Based on the discussion with students and the thematic analysis, there are five prominent aspects of the ideal tutor found in this study. The main themes were categorized along with their features. The themes are presented in Table 2 below. Quotes from students' comment that we considered representative and relevant with each of the main themes will also be presented.

Table 2.	Main themes and features of the students	' perception	of an	'ideal'
	4 4			

	lutor
Theme	Features
Theme 1:	Content expert
Knowledgeability	Relate to clinical practice
	Intervene to clear
	misconception
Theme 2: Objectivity	Student roles
	Gender equality
	Punishment system
	Grading system
Theme 3:	Feedback
Supportiveness	Triggering discussion
Theme 4:	Tutor personality
Approachability	Sociable
Theme 5: Attentiveness	Use of mobile phone
	Engagement

Theme 1: Knowledgeability

Some of the students viewed that tutors who are considered preferable are those who can give a clear answer to questions instead of those who leaves students confused in search for the correct reference. They agreed that being corrected during the discussion is better to clear any misconceptions they may have during their individual learning.

"During PBL, we sometimes don't learning outcomes know our because tutors don't some comment whether have we completed them or not. For example, if a tutor would ask "Why don't you include this, or that" we would be able to know out learning outcomes. Sometimes tutors don't give us feedback at all." (M2-3)

"Different normal lab values confuse us when we are going to have our examination. If we have a tutor who is an expert on the field, he/she should be able to tell us the right answer." (F3-2)

Additionally, majority of the students appreciated the autonomy given by tutors for them to determine their own learning outcomes and how to achieve it. They commented that discussion that happened during PBL tutorials should focus more about them than about their tutors. However, with the different group dynamic, including the level of knowledge each student has, they need tutors to not only be able to facilitate, but also be able to help them correlate the discussion with the clinical field

"I think a good tutor understands the case and is able to facilitate us. Sometimes a tutor only reads the scenario, but if a tutor understands,

he/she is able to tell us about the experience on clinical practice when facing that certain case which is really great." (M1-3)

"Some tutors don't seem to master the content, so they can only give us information regarding the case scenario like the result of patient history which doesn't really help at all." (M1-2)

Theme 2: Objectivity

Most of the discussion regarding this theme was circled around the grading system of PBL tutorials. Students were concerned on how they were expected to perform during tutorials and without a clear aradina system/guideline, thev believed the assessment was rather subjective and dependent on the preferences of their tutor. For example, there were specific roles inside each group, which were a chairman and two scribers. Students thought that they would receive a higher grade when they take on the responsibility of these roles. This was deemed acceptable if only the duties of these roles are properly explained to them. They felt that it was sometimes unfair because would grade tutors

students with specific roles higher without actually evaluating their work.

"Grading the group according to the role they have been given would be okay if tutors are objective and not biased. Some students cannot lead the group but given the role of chairman, they are able to get a good grade." (M2-3)

"The funny thing is, sometimes tutors perceive chairman with different job description. Is it the person who leads the discussion or supposedly the smartest to answer everyone's question? Some tutors expect higher responsibility of a chairman and that makes students unwilling to lead." (M2-3)

interesting Another comment found was that a small number of tutors were considered favoring a certain gender over the other which might influence the overall evaluation grade. However, cases in this nature were often concealed and not obvious. Students also found that extra tasks, such as papers or presentations were occasionally used as means to reprimand some students. Students

suggested that tutors should be more objective and open equal opportunities for all students toward positive reinforcement for learning.

"Sometimes, the ones who have to present in front of the whole class is chosen by some tutors as a punishment for making a mistake on one of the PBL tutorials." (M1-3)

Theme 3: Supportiveness

Some students mentioned that they expected some confirmation and approval from their tutors. They mentioned that there were still limited opportunities for them to assess their own learning. This resulted in the students' lack of confidence towards the result of their own self-learning. Therefore, feedback considered was important to explore the strength and the weaknesses of each specifically. student Students perceived feedback as a form of support from tutors as a modality to facilitate them into a better learning Α process. student mentioned that after was given a felt feedback. he that the
discussion flow had become more organized and structured.

"This tutor, we discussed the first scenario, we did not know where the discussion was going but we took a guess at a diagnosis anyway. After receiving feedback, we became better at discussing the following scenario, it became more systematic and had a clear direction." (M1-2)

At occasion, students some commented that they were clueless as to what to discuss during PBL tutorials. Some group does not have students who are always during prepared and active discussion. When this happens, students count on the tutors to give them trigger questions to establish the flow of discussion.

"I have experienced many PBL tutorials and sometimes the discussion is triggered by the tutor. If not, there some students who are good at leading the discussion. But when faced with none of that, there will be no discussion happening during PBL tutorials." (M1-3)

In this case, tutors who can give helpful interventions in PBL discussions were expected. By giving interventions with the right timing and focused content, tutors had shown support to foster learning in small group discussions.

Theme 4: Approachability

It was interesting to see that tutors who were sociable and friendly does not lessen the respect of students towards them. On the contrary, it complemented the student-teacher relationship because students became less hesitant to communicate and ask questions. Taking tutors personality into account, students understood that strict behavior from tutors, mostly, was not personal. However, almost all our participants agreed that negative emotions and behaviors from tutors during PBL discussions might build fear and other negative response from students. The fears stating an opinion of and, ultimately, fear of making mistakes were highly obstructive to the learning process of PBL tutorials.

" Maybe it was just the personality of the tutor, being angry all the time. He expects us to know all the things we didn't and, in the end, he got mad and just played with his phone." (M3-2)

"I am just afraid of the tutor, so I would rather not say anything. If I make a mistake, I will be given more work so I better stay quiet." (F1-2)

"I am most afraid of tutors who told me that I don't know anything. Before PBL tutorials, I studied the materials first especially if the scenario had been given beforehand. If I got a scary doctor and I didn't know anything, I would be pressured. "(M2-3)

Theme 5: Attentiveness

Some of the students commented that they considered the main role of the tutors in PBL was to facilitate the discussion and to intervene necessary. whenever However, tutors might have a different opinion on this notion and seemed to be a 'shadowy and distant figure' in a discussion. This means that sometimes tutors were inactive and did not engaged to the conversation happening in PBL as much as they were expected. Students commented that some tutors are not aware of the discussion and seems ignorant towards the group. Students expect tutors to be involved in their discussion to allow relevant advice and guidance being given at appropriate timing.

Another issue found in this exploration was the use of mobile phones during PBL tutorials. Some reported tutors were to be distracted and sometimes preoccupied with their phones. Although tutors might consider PBL tutorials as a common learning had been done process and numerous times before, student needed constant and continuous supervision to improve their metacognitive skills.

"I want a tutor who pays attention to the discussion, because I had experienced a tutor who plays his phone while we are constructing our mind map. After we are done, he checked our work and asked us to redo it because it was wrong." (M3-2)

Discussion

The results from this study is congruent with а previous guantitative research by Das, El-Sabban (10) in a United Arab Emirates Faculty of Medicine and Health Science. Similar features were also found there where knowledge to subject matter, clarity, attention and respect to remarks, students and dood communication were considered most important features of tutors. It was interesting to see that in another setting; common features of ideal tutors were shared. There is a similar notion of a more social aspect of tutoring from the students, which they do not only want to be heard, but also listened. of need The expression for attention and respond from their teachers ranged from the need of information and knowledge to the sense of approval in the form of feedback.

So, how much is too much tutor intervention in PBL? Although our data does not necessarily cover the quantity of the recommended amount of intervention, our data suggests that tutors need to be strategic in his/her involvement in the group dynamic. Each of the tutors' response has to be purposeful and meaningful to facilitate learning in the group discussion. Another study by Azer (13) had made helpful recommendations of strategies for tutors in designing and directing their contribution in PBL.

Additionally, in this study, we found that despite of the hierarchical culture in Indonesian, students hope to have more approachable, open, active. motivating, and communicative tutors. We suspected that this phenomenon resulted from paradigm shift the due to transformation of information and technology. It was commented that the status quo of routine and conventional teaching methods do no longer meet the millennial learner needs(14). Therefore, to respond these changes, tutors need to have the right attitude to accommodate effective learning for the students.

Almost all the students in this study gave favorable comment about tutors who have consistency of objectivity and support in supporting learning. Similarly, previous study on tutors' behavior showed that tutors' performance needs to consistent in PBL and resistant to change (15). This phenomenon is somewhat intriguing because in order to achieve objectivity in tutoring, tutors need to set aside their prejudices personal and preferences. In Indonesian setting, the thick cultural and social perception often cloud one's judgement which may influence on their behavior. Therefore, instead of being consistent to a set of performance level, it is argued that tutors need to continuously reflect on their performance and make changes for improvement.

The students' perception of the ideal features of a tutor somewhat also weighs in to the long-debated controversies of the expert vs non-expert tutors(7, 16, 17). In this study, our students expressed a large need of guidance in PBL content-wise, which implied that they prefer the expert tutors. However, there was another study from an Australian University where it was found that although

there were differences in quality of PBL tutoring of expert and nonexpert tutors, the overall processes verv highly rated were by students(18). Therefore, it will be an extra consideration for medical educationalists carefully to maintain the high quality of PBL process despite the individual characteristics of the tutors(19).

Limitation

This study was conducted in a single institution and participated by a relatively small number of student participants. Also, because the nature of this study is gualitative explorative, the data is very context specific. Therefore, not all the phenomena found in this study might be the case in other institutions. However, some features of ideal PBI tutors that were found in this study also resemble with other previous researches. Moreover, the features of the ideal tutor found in this study were determined by students' subjective perception whereas it would be interesting to also examine tutors' perception of what their students' think of the ideal features might be.

Conclusion

Medical education and the nature of its students are changing rapidly in this 21st century. Although some resistance might appear, we argue that tutors need to regularly evaluate their performance and set strategic approach to effectively facilitate the millennial medical students in PBI discussion. The features found in this study are largely context-specific, but some of the characteristics were also presented in previous studies. More research on this topic are needed to triangulate the findings and provide better understanding on the subject matter.

Effective learning environment is established when the student's expectation is met with the appropriate adjustment from the faculty. With this study we are able to derive that the ideal PBI tutor according to students is a balance the traits hetween of professionalism and competency as well as the skills of a facilitator and mentor. This is shown through the five prominent themes or features analyzed from the FGD discussions which knowledgeability, are

objectivity, supportiveness, approachability, and attentiveness.

This exploration qualitative suggests that while we assume students may that have an inclination or desire to be more dependent on faculty, the process of discussion and debate of clinical cases in PBL are still considered critical. Consequently, we will take all the necessary measures and considerations in constructing our curricula. methods. facultv development and/or educational design to further develop and empower student participation and discussion.

Take Home Message

PBL tutors should comprehend roles very well while their understanding what their students' expectation of them are. Tutors should also be strategic in all of their intervention during group discussion to ensure that the cognitive, affective, and (if applicable) psychomotor objectives of PBL are achieve.

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Relationship between students' perceptions on Problem Based Learning (PBL) and the application of self directed learning (SDL) at Faculty of Medicine of Halu Oleo University

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Background: Problem Based Learning in medical education is a learning method that uses health problems as a basis for students to know their learning needs, integration between theory and practice, and use knowledge and skills to solve health problems. This study aims to analyze the relationship between students' perceptions of Problem Based Leraning (PBL) and the application of Self Directed Learning (SDL) at the Medical Faculty of Halu Oleo University.

Summary of works: This study used cross-sectional design with 91 samples of first year students conducted at Medical Faculty of Halu Oleo University. The sampling technique used total sampling method by using a questionnaire. The result of the data was processed by pearson correlation statistical test.

Summary of results: The result of students' perceptions of PBL was obtained p=0,032 with a value of r = 0,225 which indicated a weak correlation value.

Discussion and conclusions: This study shows that there is relationship between students' perceptios of PBL with the application of SDL at the Medical Faculty of Halu Oleo University with a weak level of correlation.

Take Home Messages: The medical school needs to improve the perception of medical students towards PBL to improve SDL.

Keywords: Students' Perceptions, Problem Based Learning, Self Directed Learning

Introduction

Problem based learning (PBL) in medical education is learning method that applies health problems as basis for medical students to know their learning needs and it is able to integrate between theory, practice and use knowledge and skills to solve problems. In PBL, knowledge is gained by knowing the students' learning needs. In PBL, the problem that arises is used as a stimulus for learning. In PBL discussion group, students will explore a learning topic and then they discuss in learning groups by using the existing learning resources. PBL learning methods can improve the learning process when it is compared to traditional learning methods. PBL was first used in 1960 by McMaster University in Canada. Nowadays, this learning method has been used as an innovative learning method to students' improve the understanding, 1,2,3

Self directed learning (SDL) is a major part of higher education. SDL is shown by the responsibility and initiative to follow the learning by the students process themselves. Initiatives for learning include the ability of students to know their learning needs, to formulate learning objectives, to identify learning resources, to choose learning strategies and to evaluate learning objectives. PBL method learning will trigger students to have SDL and to solve the problem being studied. Shirke, RP et al (2016) said that there is an effort to find out SDL in students

and how to build SDL in students. Adequate academic facilities, lecturers' support and conducive learning environment can affect SDL. 1,4,5,6,7

Al-Naggar et al (2012) said that from the results of his research on the second year medical students Management and Science at University (MSU) in Malaysia, it found was that students' acceptance of PBL was still low, so tutors' and students' training were needed to know the philosophy of PBL. Gyawali et al (2011) said that medical students with the PBI method in the first semester at Manipal University, Pokhara had a high SDL. Treesirichod et al (2018) said that students at the clinical stage at the Srinakharinwirot University School of Medicine Thailand had the perception that PBL could improve communication skills, team work skills, and SDL.

The Faculty of Medicine Halu Oleo University Kendari has received medical students since 2009 and already has graduates that spread in almost of all health facilities in Southeast Sulawesi. In carrying out the lecture process, The Faculty of Halu Oleo University uses the PBL learning method. Based on the results of preliminary observations that have been made on first-year students, it indicates that there are approximately 72% of students who get less satisfactory grades. Unsatisfactory results can be made by a lack of understanding and lack perception. of PBL А dood perception of PBL can be able to encourage SDL in students. The unknown relationship between perceptions of student PBI method and SDL learning in students at Faculty of Medicine Halu Oleo University Kendari are the basis for this research

Methods

This research was conducted from June to July 2018 at the Faculty of Medicine Halu Oleo University. This research is typically an analytic observational research with cross sectional method. The sampling technique in this study was total sampling with 91 respondents from the Medical Faculty of Halu Oleo University Students in the first year of the academic stage. Primary data was collected by filling out research questionnaires. Data was analyzed using Pearson correlation statistical test with SPSS version 16 computer program. This research has been received research ethic approval from the Health Research Ethics Commission of the Research and Society Service Institute at the Halu Oleo University.

Results

Univariate Analysis

Table 1 shows the distribution of respondents based on student's perceptions of PBL in Medical Faculty of Halu Oleo University. In this research, 48 students have moderate PBL perceptions (52.7%), it is more than students who have high PBL perceptions that is only 43 students (47.3%). In the SDL assessment, there are 63 students (69.2%) with high SDL and 28 students with moderate SDL (30.8%).

	Total (n)	Percentage (%)
Sex		
Male	30	33
Female	61	67
Students Perception of PBL		
High	43	43
Moderate	48	48
Low	0	0
Application of self directed learning		
High	63	69,2
Moderate	28	30,8
Low	0	0
Total	91	100

Table 1. Characteristics of respondents based on sex and research variables

Bivariate Analysis

Bivariate analysis in this study shows the relationship between student PBL perceptions and the application of SDL. Table 2 shows the results of data analysis from the relationship between student PBL perceptions and the application of SDL from 91 respondents. There are 32 students who have high PBL perceptions with high SDL applications. There are 11 students who have high PBL perceptions while applying SDL in the moderate category. There are 31 students who have moderate PBI perceptions with hiah SDL applications. There are 17 students who have moderate PBI perceptions with moderate SDL applications.

The results of statistical tests obtained p-value 0.032. This shows that there is а significant relationship between student PBL perceptions and the application of SDL. The value of the correlation coefficient (r) is 0.225. This shows that there is a weak correlation because the r value is 0.225. The value of correlation coefficient indicates that the direction of the relationship between these variables is positive. This shows that high student's PBL perception will increase students' application of SDI

Students PBL Perceptions	Ар	plication of S Learni	Deereen	correlation			
	High	Moderate	Low	Total	Pearson	(r)	
	n	n	n	n	-		
High	32	11	0	43	P-Value	0.225	
Moderate	31	17	0	48	0,032	0,225	
Total	63	28	0	91			

 Table 2. Analysis of the relationship between Student Problem Based Learning

 Perceptions and The Application of Self Directed Learning

Disscussion

The results of the Pearson correlation test analysis show that students who have high PBL perception with hiah SDL applications are more than students who have high PBI perceptions with moderate SDL applications. Students who have moderate PBL perceptions with moderate SDL applications are fewer than moderate PRI perceptions with hiah SDL applications. Students' with high PBL perception will increase the application of SDL. In this study, we also find moderate PBL perceptions with high SDL results. It can be caused due to the lack of students' understanding on PBI methodology. In this case, students will try to motivate themselves and improve SDL to increase their learning achievement. This is in line with the research conducted by Treesirichod et al (2018) which said that the clinical stage students at the Faculty of Medicine Srinakharinwirot University Thailand, have the perception that PBL can improve the students' communication skills, work skills in teams, and SDL.

Other factors that influence PBL perceptions from the questionnaire data is that students perceive that they do not have enough time to prepare for the final exam and they cannot propose what material is to be tested. In the learning process, students also cannot choose the material that they want to learn because of the tight of lectures schedule. In this study, we also find that students do not feel enjoy when they learn new information.

PBL learning methods require more time and effort. Students will get stress easily if they do not have a good understanding of PBL. Less understanding of PBL will cause students to hesitate when receiving new information. This can reduce the SDL in the student. In some PBL implementation, the teaching material to be delivered has been determined by the faculty, so that students cannot participate directly. ^{6,9}

Students also tend not to use time effectively. Learning tasks that must be completed by students in time, it will be delayed due to the nature of the students themselves who procrastinate in completing their assignments. PBL is carried out in solid time. It is expected that students can share effective time so they do not fail in implementing PBL.¹⁰

According to Douglas (2017),students' PBL perceptions can be decreased hecause of the characteristics of lecturers who do not provide opportunities for students to develop their learning especially in resources. understanding the basic medical science. Lack of understanding of learning objectives can also lead to a lack of student perceptions of PBL so that it can also reduce SDL¹¹

Ranti et al (2017) said that the factors that can influence the low

independence of learning are the lack of awareness to learn independently. Students tend to hesitate to study lecture material before lecturing and just wait for an explanation of lecture material by the lecturer. Students also tend learn when there to are assignments given by lecturers. In addition, the level of selfconfidence and desire to ask students is also still low. 12

Conclusion

The results showed that there was a significant relationship between students' PBL perceptions and the application of SDL in students of medical school Faculty of Medicine Halu Oleo University with weak correlation category.

Take Home Messages

It is expected that the results of this study can be used as material for evaluation of the PBL learning system at the Faculty of Medicine Halu Oleo University by further increasing the understanding of PBL learning and PBL teaching methods so that it can improve PBL perceptions and applications of SDL. In addition, it is expected that further research can measure other factors that can affect SDL.

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Religion as Morals of Education Leadership and Management of Midwifery in Indonesia: In Perspective of the Leader Women and Children Hospital and College of Health Budi Kemuliaan Jakarta

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ABSTRACT

Background The paradigm of education should be in line with the cruelity of social crisis nowadays, (Hafiduddin, 2004). The difference of teaching and educating is an emphasis of education to make an awareness form and personality of students besides transfer knowledge and skills. A process which put forward this form will generate an outcome students who care a nation and country by inheriting religious values, culture, thought and skills in order to guide them to welcome a life (Azra, 1999).

Summary of works: This research used qualitative method and naratif approach. Researcher investigate the leadership of Baharuddin as a director of Budi Kemuliaan Women and Children Hospital and College of Health in Jakarta including how to manage education of health profession and applicating Islamic philosopy. Then, the information will be describes in naratif chronology. Researcher combine a naratif perspectives of participant with the perspective of researcher (Clandinin & Connely 2000), (Creswell, 2012).

Summary of results: Baharuddin applicated Islamic Philosopy in his leadership as an obstetrician and director of hospital and college of health. He accept all of the philosopy as long it is a truth and it doesn't have a contradiction with Al-Qur'an and Hadits. Baharuddin describes the problem of patient who have a connection with reproductive health in midwifery in case of unwanted pregnancy to women who are married or who have abortion because of emergency which is integrated as a solution to find the truth. **Discussion & conclusion**: Rationalisation and Logics (Islamic Philosopy) in assessment or diagnose can be done.Based on research which explored by qualitative method with naratif approach it knows that reintegration of religion and health science is a modal for leadership and management that suitable for the challenge and opportunity of globalization to generate protector and keeper the universe by protect women and children.

Take-home messages: The leadership which integrate religion and science will born a leader and manager who protect women and children.

Keywords: Leadership, Education, Islamic Philosopy.

Introduction

The paradigm of education should be in line with the cruelity of social nowadays, (Hafiduddin, crisis 2004). The difference of teaching and educating is an emphasis of education to make an awareness form and personality of students besides transfer knowledge and skills. A process which put forward this form will generate an outcome students who care a nation and country by inheriting religious values, culture, thought and skills in order to guide them to welcome a life (Azra, 1999).

The metaphysics of knowledge owned by health education almost untouched in management to client. One of them is decision making framework in midwifery management, in step three told that care plan for mother and family do with comprehensive. An aspect who must have an attention is religion as spirituality of client. In fact, it can concluded that all of the midwife does not do this management care even expressed or implied. Even counseling or assessment or therapy based on religion almost never found even though it is a solution in problem solving in reproductive health. This reality related with the process to educate health and medicine scientist and also the custome of work in health and medicine.

One of applicative method for manifest the balancement of spirituality and modernitv in midwifery education are to integrate religion and reproductive health. Referring some article relationship shows that of reproductive health and religion still rare and strange in categories. In fact, 377 peer review articles that found as family planning behavior (129), sexual (81). domestic violence (39), pregnancy (46), HIV/AIDS (71) and Sexual Transmitted Infection (61). Mayority of that research comes from North America (188 articles), Africa (52) and Europe (47). The frequency of article always increase

from 3 articles in 1980 until 38 articles in 2008. When this land is growth evidently cohesive integrates religion and reproductive health.

Koenig in his literature states "religious belief" and practice comes from the tradition of religious belief found consistently associated with a good health and predicted will be better. That is why religion in practice of health and medicine is important to integrate, this idea must be in line with management and leadership of health and medicine education to imply.

Method

This research used qualitative method and naratif approach. investigate Researcher the leadership of Baharuddin as a director of Budi Kemuliaan Women and Children Hospital and College of Health in Jakarta including how to manage education of health profession and applicating Islamic philosopy. Then, the information will be describes in naratif chronology. Researcher combine a naratif perspectives of participant with the perspective of researcher (Clandinin & Connely 2000), (Creswell, 2012)..

Results

The method of western modern in education who disintegrated religion and science in their modern life have applicated in many branch of science. For modern western science is universal and rational if a truth happening in all of the place, even though it just definition of fact. On the other hand science is a fact which is arrange systematicly dan technically and have a technic. Science can not be regardless from ideology and subyektif even though studied obyectively by researcher. Islam as a religion have Islamic thought, they are tawheed, tasawwuf and Islamic philosopy that can be integrated with science especially health and medicine.

1. Tawheed

The other name of tawheed is Islamic theology, kalam science, ushuluddin, 'aqaid, faith. Tawheed is an Islamic science who reviews about creed adopted by Islamic scholars. There is a set of creed to become a differentiator Muslim and Non Muslim. Muslim who can receive and justify a set of that creed; vice versa who do not accept all or apart of them will be categories as non Muslim.

The example of aqidah are there is no God except Allah. Muhammad is Rasulullah (The prophet of Allah), the universe is His creation, Al-Our'an is the Book of God which revealed to prophet of. While the creed of Islam do not agreed in the future that God can be seen with the eve of human in paradise (hereafter); Human free to do what human will, without controlled by God etc (Dahlan, 2012) Tawheed or Islamic theology is a science that discusses about God and all of the thing with Him which is conducted by Islamic scholar (Syamsuri, Damanhuri 2011) The spirit of scientist and Islamic scholar in reality is flowing of awareness of tawheed. The logics who develop philosopher and Muslim by scientist order religious in awareness of transcendent. In their point of view, a logics used for low losts will bring them back to the transcendent back (Osman Bakar, 2008).

The leadership of Baharuddin as an obstetrician and Director of hospital also act as educator of miwife grows and applicating the tawheed concept in his action. This is the result of indepth interview :

"Because I have a religion, my religion influent my activity. Even so many theoris, but the consecwency is Laa Ilaaha Illallah Muhammada-Al Rasulullah is Allah who give the ruler of the universe and all of the contents and whatever all of the Rasululullah Muhammad told is our reference. So, impossible my life release them religion with moreover in reproductive health case; it will be vain whatever we do because we do not know anything, Allah is omniscient. Because of our unknownness we follow the law of Allah."

From that statement concluded that religion as states by ernest is not a realism of a fact but a field where all of the statement can be contested and all of the claim can be a challenge. Awareness of religion that teach in Islam is based on awareness of oneness of God like Baharuddin do.

2. Tasawuf (Sufism)

The meaning of Sufism is process or develop behavior and religious emotional in order to reach a life that blessed by God or in order to have a proximity with the God (Abdul Aziz Dahlan, 2012).Tasawuf as a metaphysics often called spirituality or healing. Spirituality or healing in western by Swinton is an existence aspect of human that have a relation with significance structure who give a meaning and direction of human life, to help them for something who have a relationship with existence. So that five aspect related with a human question about meaning, goal, self transcendence, related nature, love and holy feeling. In western, transcendence also agreed as one Especially aspect in science. psychology. One of the research done by Koenig and Harris. They found that religion is an strategy alternative and science as a strategy. Baharuddin in his management and leadership also applicating tasawwuf. This is the result of indepth interview:

"Yes, belief in the one and only God (Ketuhanan yang Maha Esa). The leadership is not only for world beneficient but also hereafter beneficiant, because all of the leader will be have responsibility not just for themselves but also in front of the God. Not only do the operational of work but they must be a have responsibility. All of anything we have is just a loan."

Baharuddin in his midwifery practice and his leadership processing and developing his religious emotional and behavior to get a life that blessed of God or in order to get proximity with God. This found in line with Matthew Heaton (2014) who review the article of Ellen J.Amster about Medicine and Saints : Science. Islam and Colonial Encounter in Marocco, 1877-1956. The main argument is the idea of Sultan disagree with the idea of positivist technogratic im 1912 about treaty of Fez made in Marocco. Islam modernist absorbs franch а epistemology with Sufism and the step of sufi in science. The tradition of sufi healing still maintained as a part of medicine in contemporary plural of Marocco.

Argument of this statement are the conceptualization relationship of human body and ideology politic authority. Islamic method of human healthy should be maintained although incessantly modern ideology denied health and medicine with Islamic method such as healing or spirituality.

3. Islamic philosopy

Philosopy comes from the word philos which is mean love or philia (interest to) and Sophos meaning wisdom.Literally philosopy mean love and wisdom. Philosopy mean effort for describes a..the end essence of reality, a fundamental and real.Islamic philosopy is a term refferring to the philosophic thaught that write by muslim philosopy. As Al-Kindi, Ar razi, Al Farabi, Ibn Maskawih and Ibn Sina in east also Ibn Bajjah, Ibn Tufail and Ibn Rusyd in west. They concluded as Muslim philosopre because they are a person of Muslim who learn about Islam, they mencurahkan attention to the philosopis thougt. That is not true if Muslim philosopher give a number one for philosopy and more appreciate philosopy that result by human sense than Al-Qur'an and Hadits.

There is no difference among the scholars. They interest and defend philosopy where have been come, because they see that, the effort of philosopy is effort that noble. And religion sue him to find the truth and also practice it. Muslim philosopher sees that in Al-Qur'an and Sunnah there is instructions so that human read, give attention and research whatever the symptops have looked, brood and take a wisdom (give an analogy) so human take the truth about form that looked (Dahlan, 2012)

Baharuddin applicated Islamic Philosopy in his leadership as an obstetrician and director of hospital and college of health. He accept all of the philosopy as long it is a truth and it doesn't have a contradiction with Al-Qur'an and Hadits, Baharuddin describes the problem of patient who have a reproductive with connection health in midwifery in case of unwanted pregnancy to women who are married or who have abortion because of emergency which is integrated as a solution to find the truth. Researcher invite Baharuddin talk to about reproductive health case unwanted pregnancy as an effort to find the truth.

"It depends on patients, if she likes ti explain all frankly. And according to me it is not undesired effect but root cause analysis. If root cause analysis the solution are do the abortion so the abortion must do in line with suitable constitution and regulations. But the requirements are we must have enough time to have a counseling from her and me to have a decision, for example to invite his husband. If she is a girl there is no family we call the family, we will never do the abortion directly. Exeption in emergency case she comes in blooding so we must help her but all of the process must be done. I will never see the case of unwanted pregnancy because of her religion ar who is she? But if there is an

emergency case she said thet she is pregnant and unwanted we will explore again and the end of that case is maintain the pregnancy not to abortion."

The found of application of Islamic philosopy in management of Baharuddin in case of unwanted pregnancy is in line with (Lutien, 2012). Values of religion as a behaviour which is implemented in midwifery management. They said religious participation shows that there is an increase factor in protection of thought for health including social support and positive a health behavior. Islamic philosopy seeing a truth to the theory of truth like Baharuddin do. He manage the case by used logics heart) (sense and to solve unwanted pregnancy case. He do the right logics but suitable to the theory of truth of Islam (Qur'an and Hadits).

Discussion/Conclusion

Islam as a religion teach their ummah to see the truth not just based on empirism but soul and spiritualism also involved as a knowledge. Rationalization. Tawheed and Tasawwuf integrated in health and reproductive health: Rationalisation and Logics (Islamic Philosopy) in assessment or diagnose can be done.Based on explored research which bv gualitative method with naratif approach it knows that reintegration of religion and health science is a modal for leadership and management that suitable for the challenge and opportunity of globalization to generate protector and keeper the universe by protect women and children. This is a scheme to have a generation who have endurance for social change in leadership and management of health and medicine:



Take home messages

The social change nowadays must be in line education of health and medicine to give a widom solution for them. The leadership which integrate religion in practice and education will born a leader and manager who protect women and children and balancement of universe.

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The correlation of intrinsic motivation to self-directed learning implementation in the faculty of medicine of halu oleo university of kendari

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ABSTRACT

Background Self-Directed Learning (SDL) is student-centered learning in which the process and experience of learning are individually regulated and controlled by the student. The implementation of SDL is an interaction of several aspects, including self-motivation, self-control, and self-monitoring skills. Students with strong motivation in the learning process will have more consistency in implementing the SDL. Inner self-motivation will give better impacts than that obtained from the outside. This study aimed to analyze the correlation of intrinsic motivation to SDL implementation in the Faculty of Medicine of Halu Oleo University.

Summary of works: The study was quantitative research using a crosssectional design. Subjects were 91 sophomores of the Faculty of Medicine of Halu Oleo University (UHO). Data were collected using a total sampling method. SDL implementation and intrinsic motivation were measured using Self-Directed Learning Readiness Scale (SDLRS) and Intrinsic Motivation Inventory (IMI) questionnaires, respectively. Data were statistically analyzed using Pearson's correlation.

Summary of results: Second-year of medical students of UHO showed a high intrinsic motivation and SDL implementation. Students with high intrinsic motivation were found to apply high implementation of SDL. Moreover, students with moderate intrinsic motivation also showed high implementation of SDL.

Conclusion: There was a significant correlation between intrinsic motivation to SDL implementation among medical students of UHO.

Take-home messages: Further research is required to investigate other factors that affect the SDL implementation of medical students.

Keywords: Intrinsic Motivation, Problem-Based Learning, Self-Directed Learning

Introduction

Self-Directed Learning (SDL) is student-centered learning in which the process and experience of learning are individually regulated and controlled by the student himself. The implementation of SDL is an interaction of several aspects, self-motivation. includina selfcontrol, and self-monitoring skills. Self-motivation plays a significant role in implementing the SDL. students Hence, with strona motivation in the learning process will have more consistency in applying the SDL The implementation of SDL can be applied in the Problem-Based Learning (PBL) (Gunanegara et al., 2017). Problem-based learning is a teaching method that assists problems to stimulate the motivation of students in the learning process. It is noted that problems would trigger the seriousness, inquiry, and thinking in a meaningful way.

Learning motivation consists of intrinsic and extrinsic motivations, which intensify students passion to achieve as much of the best learning outcomes. Intrinsic motivation involves the cognitive process. Students are allowed to control their own plans and objectives of learning as well as to monitor their lessons. In addition, intrinsic motivation can improve group discussion effectiveness in the PBL. This stimulates selflearning motivation by students and gives better impacts than that obtained from the outside. In Indonesia, the implementation of PBL learning concentrated on student activity has resulted in the improvement of students understanding and independence (Kurdi, 2009).

The Faculty of Medicine of UHO as one of the medical institutions in Indonesia has applied methods of learning with the PBL concept. Therefore, evaluations toward PBL are continuously carried out to get the faculty of sight toward the expected learning achievement. In order support to the implementation of PBL, several facilities have been prepared by the faculty, including comprehensive library and full internet access for students online learning and database searching. These facilities are expected to support students in their learning process. However, routine behaviors of SDL at the Faculty of Medicine of UHO has yet fully implemented. This can be measured using several including parameters, by an observational study of students library visiting activity during a period of August 2017 to March 2018. The study recorded only 361 library visits by students during this period, in fact, that the faculty has 700 medical students. Moreover, the achievements showed by PBLapplied students have not been fully accomplished. These were indicated by results records of firstyear students taken a course of Basic Mechanisms of Disease that 72% of students obtained fewer grades. Similarly, as many as 45% of students taken courses in the second semester also received unsatisfactory grades.

Thus, in the present study, we investigated the correlation of intrinsic motivation to SDL implementation in the Faculty of Medicine of UHO.

Research Methodology

study quantitative The was research using a cross-sectional design. This method was used to analyze the correlation of intrinsic motivation to the implementation of SDL at the Faculty of Medicine of Halu Oleo University, Southeast Data collection was Sulawesi. conducted from June to July 2018 at the Faculty of Medicine of Halu Oleo University. The study subjects involved 91 sophomores of the Faculty of Medicine of Halu Oleo University (UHO). The dependent variable of the study was the implementation of SDL, while the independent variable was the intrinsic motivation. Data samples were collected using the total sampling method, applying the Self-Directed Learning Readiness Scale (SDLRS) and Intrinsic Motivation Inventory (IMI) questionnaires. SDI RS guestionnaire has been developed bv the Fisher to measure of SDL. implementation Meanwhile, IMI questionnaire was used intrinsic to measure

motivation. Previously, the questionnaires were evaluated for their validation and reliability.

Before fillina the out questionnaires, all respondents were given an explanation about the purpose and benefits of the study as well as the procedure for answering the questionnaires. Respondents are also asked to sign informed the consent. Ouestionnaires collection were conducted after the respondent filled out the questionnaires and data were proceeded to further analysis. Statistical analysis of the data was carried out using Pearson's correlation assisted with the SPSS Version 16.0 software. The univariate analysis was performed to explain or describe the characteristics of intrinsic motivation and implementation of Self-Directed Learning. Moreover, bivariate analysis was carried out to analyze the correlation between intrinsic motivation and implementation of Self-Directed Learning. This study was in the consent of the Health Research Ethics Committee of the Institute of Research and Community Service (LPPM) of Halu Oleo University.

Results

Univariate Analysis

Table 1 shows the distribution of respondents based on gender with the highest percentage achieved by female gender (61 students; 67%), followed by male gender (30 33%). students: In addition. assessment toward intrinsic motivation showed that as many as 68 students had a high level of intrinsic motivation with а percentage of 74.7% and 23 students had a moderate level with percentage of 25.3%. а Furthermore, evaluation toward SDL implementation revealed that 63 students had high SDL ability with a percentage of 69.2% and 28 students showed moderate SDL ability with a percentage of 30.8%.

	Amount (n)	Percentage (%)
Gender		
Male	30	33
Female	61	67
Intrinsic motivation		
High	68	74.7
Moderate	23	25.3
Low	0	0
Self-directed learning implementation		
High	63	69.2
Moderate	28	30.8
Low	0	0
Total	91	100

Table 1. Characteristics of respondents based on gender, intrinsic motivation, and Self-Directed Learning (SDL) implementation

Table 2. Distribution of intrinsic motivation and SDL implementation based on gender

	Gender						
Variable	Μ	ale	Female				
	Ν	%	Ν	%			
Intrinsic motivation							
High	22	73.3	46	75.4			
Moderate	8	26.7	15	24.6			
Low	0	0	0	0			
Self-directed learning implementation							
High	21	70	42	68.9			
Moderate	9	30	19	31.1			
Low	0	0	0	0			
Total	30	100	61	100			

Distribution on intrinsic motivation (Table 2) showed a high intrinsic motivation by 22 male students with a percentage distribution of 73.3% and only 8 male students had moderate intrinsic motivation with a percentage of 26.7%. In addition, as many as 46 female students had a high intrinsic motivation (75.4%) and 15 female students showed moderate (24.6%). motivation intrinsic Furthermore, based on SDL implementation, as many as 21 male students applied high SDL implementation (70%) and only 9 male students displayed moderate SDL implementation (30%). For female students, as many as 42 students have applied high SDL

implementation (68.9%), while 19 students showed moderate SDL implementation (31.1%).

	Self-directed learning implementation							
Intrinsic motivation	Hi	gh	Mod	erate	Low			
	Ν	%	Ν	%	Ν	%		
High	49	77.8	19	67.9	0	0		
Moderate	14	22.2	9	32.1	0	0		
Low	0	0	0	0	0	0		
Total	63	100	28	100	0	0		

Table 3. Distribution of respondents based on variables of the study

Distribution of respondents based on intrinsic motivation toward SDL implementation (Table 3) showed that as many as 49 students (77.8%)had high intrinsic motivation and SDL implementation. Meanwhile, there were 19 students (67.9%) showed high intrinsic motivation and moderate implementation of SDL. As many as 14 students (22.2%) had moderate intrinsic motivation and high implementation of SDL, while 9 students (32.1%) showed high intrinsic motivation but moderately implemented the SDL.

Bivariate analysis

Bivariate analysis was used to analyze the correlation of intrinsic motivation toward the implementation of SDL among students of the Faculty of Medicine of Halu Oleo University.

displays Table 4 results of analysis of intrinsic correlation toward motivation SDL implementation. As many as 91 respondents were analyzed and of these, 49 students (77.8%) had highly intrinsic motivation and SDL implementation. Nineteen students had high (67.9%) motivation but intrinsic moderately implemented the SDL. Students with moderate intrinsic motivation. surprisingly had but а hiah implementation of SDL were shown bv 14 students (22.2%).Meanwhile, only 9 students (32.1%) had moderately intrinsic motivation and SDL implementation.

Statistical analysis of data obtained the p-value of 0.008 (p<0.05). This value indicated a significant correlation between intrinsic motivation and SDL implementation. On the other hand, the correlation coefficient (r) value obtained was 0.276, implying a weak correlation between variables. However, the positive r value showed a meaning of positive direction of correlation between variables. Hence, the higher intrinsic motivation, the ability of students to implement the SDL also increased.

Table 4. Analysis of correlation of intrinsic motivation toward the implementation of Self-Directed Learning

Intrincia		Self-directed learning implementation								Correlation coefficient	
mativation	High Moderate Low Total		Value								
motivation	Ν	%	Ν	%	Ν	%	Ν	%	value	(r)	
High	49	77.8	19	67.9	0	0	68	74.7	0.008	0.276	
Moderate	14	22.2	9	32.1	0	0	23	25.3			
Total	63	69.2	28	30.8	0	0	91	100			

Discussion

Correlation between Intrinsic Motivation and Self-Directed Learning (SDL) Implementation The present study revealed that female students showed hiah intrinsic motivation and high implementation of SDL when compared with male students. This result was in agreement with the previous study conducted by Adilla et al. (2016), reporting that female students have better motivation in learning compared to male students. There are several factors that promote students to have good motivations. For example, students with strong willing to achieve their goals during lecture periods would have encouragement and motivation for achieving those goals.

Pearson's correlation analysis showed that more students at the Faculty of Medicine of Halu Oleo University had hiah intrinsic motivation and high SDL implementation, in comparison to those with high intrinsic motivation but moderate SDL implementation, those with moderately intrinsic motivation and SDL implementation, and those with moderate intrinsic motivation but high SDL implementation. Internal factors that may attenuate learning motivation include learning interest, concentration, and selfconfidence. Regarding learning interest, students who have no interest in certain subject matters are likely less motivated for learning. Students also need concentration to receive the given information. Moreover, students having less self-confidence would have difficulties to absorb the material of a subject (Dalyono in 2014). Fauziyatun, Lack of independent learning may also have an effect on low SDL due to low subject material retention by students. Hence, students would find an obscure to solve a problem given to them. In addition, it is important for students to have great curiosity in the subjects of their study.

Findings from this study are also supported by previous reports. (2014) reported Kurniawan а correlation of learning motivation independent toward students learning with weak correlation level (r) of 0.374. In addition, there significant а correlation was motivation and between independent learning by students of Medan Area University with the correlation value (r) of 0.606 (Darmayati et al., 2015). This value is categorized as a strong correlation when compared with the value obtained from our study (r = 0.276).

Conclusion

Our study concluded that there was a significant correlation of intrinsic motivation to the implementation of Self-Directed Learning (SDL) of students of the Faculty of Medicine of Halu Oleo University. Nonetheless. the correlation among variables weakly was categorized.

Take Home Message

Findings of this study are expected to provide a future reference in the evaluation of Self-Directed Learning (SDL) activity in the Faculty of Medicine of Halu Oleo University. Findings can also encourage students to be more independent active and in benefiting the learning facilities provided at the Faculty of Medicine of UHO. Moreover, further studies are still required to investigate other factors that may affect the self-directed learning.

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Tracer study of midwivery departement poltekkes kemenkes bandung

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ABSTRACT

Background: There are increasing number of Midwifery Study Departement in Indonesia. So, there are needed to improve the quality of alumni. One such effort is through research on the exclusion of alumni. Alumni evaluation can be a corrective method for the policies implemented by the Bandung Midwifery Department of Health Ministry of Health Bandung Polytechnic. The purpose of this study was to determine the description of work history, relevance of education with work, learning experience, indicators of competency and competitiveness.

Summary of works: The design of this study is a descriptive study. The research sample consisted of alumni and alumni users. Alumni numbered 123 alumni from the Bandung midwifery department of the Bandung Ministry of Health Polytechnic in 2014-2016. The side technique used is total sampling. Data analysis used is frequency distribution.

Summary of results: The results showed 95.1% of alumni had worked, 76% of alumni worked in private institutions (services), length of work <3 months (75%), allied employment positions with midwifery (90.2%), income of 1-3 million (54.5%), had changed jobs (82%), important learning experiences for alumni, alumni had the perception of being able to be competitive (61.8%).

Take-home messages: It is hoped that educational institutions will actively find jobs for alumni, through user forums, invite users to educational institutions to promote job vacancies, improve learning facilities and student activities according to Education standards, through updates to classroom conditions, laboratories and tools, infrastructure for student activities to build soft student skills and leadership, development and updates for Practice Learning, through the expansion of midwifery practice in hospitals, preparation of competent clinical advisers in guiding midwife students. For policy makers it is expected that there will be an increase in action on increasing midwives' motivation and retention in Primary Services, and increasing the ability for midwives in secondary and tertiary services. Improvement of basic facilities for health workers and their families including transport of educational facilities for sons and daughters of health workers, revisions of remuneration in health care packages, and health equipment. Transparent evaluation. Training that is equitable and sustainable on practical land.

Keywords: tracer study, alumni

Introduction

Law No. 36 of 2009 concerning Health mandates integrated and comprehensive health efforts in the form of individual health efforts and public health efforts, with a promotive, preventive, curative, rehabilitative approach that is carried out in an integrated, comprehensive and sustainable manner. Midwives are one of the categories of health workers who can participate in an effort to realize optimal achievement of public health, especially maternal and child welfare, this is in line with the achievement of Sustainable Development Goals (SDGs). In Higher Education Reform where Law No. 12/2012 and NawaCita 2014-2019 compile a health education system as part of higher education needs to be strengthened to produce competent health workers to provide plenary services

Quality midwife is produced by midwifery education institutions that are managed by taking into account the development of science, technology and regulation. Midwives' education in Indonesia is currently at the D-III Midwiferv level with qualifications as an executive midwife, who has the competence to carry out good practices in service institutions and individual practices (Kepmenkes 369/Menkes/SK/III/2007 Number Concerning Midwife Professional Standards). Alumni are expected to have knowledge attitudes and skills in accordance with national standards so that they can meet the needs and be absorbed by the world of work
Bandung Midwifery Department of Health Polytechnic of Bandung. as one of the health education institutions has a role to produce professional alumni and can be absorbed in the world of work in accordance with the competence of midwives. At present the challenge for midwifery alumni from the Bandung Midwifery Department in the world of work is increasing because the number of Midwifery Study Programs in Indonesia in general and in West Java in particular is quite high. This can higher competition lead to between alumni of educational institutions on the iob field. Therefore, it is necessary to improve the quality of alumni from Bandung Midwiferv the Department.

One of the efforts to improve the quality of alumni is through evaluating the role of alumni of universities (PT), through alumni searches (Tracer Study). Tracer Study is an alumni tracking study to find out alumni activities after graduating from the transition from the world of higher education to the world of work, work situations, acquisition of competencies, and the use of competencies in work and career travel. Tracer Study is

useful for planning and decision making in educational institutions, planning for allocation of human resources both government and private institutions and industry circles, to find out the compatibility between the results of education and the field of work. to obtain information about the work atmosphere and conditions of the respondents at work. In addition, alumni search is also useful for evaluating university outcomes / outcomes, obtaining information on alumni success in careers, status, income, and relevance between knowledge and skills with responsibility work. as а (accountability) of PT in preparing their students to face the world of work in the future, as a basis for further institutional development in the context of accreditation, as a basis for making improvements in the learning process for educational institutions (Rachmi N, 2015). Based on the description above. the researcher was interested in conducting an alumni tracing studv Bandung of Midwifery Department.

Research Methodology

The design of this study was descriptive to determine the description of tracing alumni from

Bandung midwifery department. The target population in this study were all Bandung midwifery alumni from 2014-2016. The number of samples that should be taken is the total sampling of 123 alumni respondents. The way to collect alumni sampling is by total sampling.

The data used is primary data. Primary data was collected directly from respondents through filling out the questionnaire after being given explanation and giving giving approval. The instrument for this study was a questionnaire by online, mail or telephone.

This study uses univariate analysis to analyze frequency distribution using SPSS for Windows 12.

Result

1. Characteristics and Work history

Table 1.1 Characteristics and Work History of Alumni

Category	2	J14	2	015	2	016		tal
	f	%	F	%	f	%	f	%
Age								
21-25 years Old	48	98	39	100	35	100	122	4.9
26-30 years Old	1	2	3	0	0	0	1	95.1
Alumni Work History								
Not work	1	2	3	7.7	2	5.7	6	4.9
Work	48	98	36	92.3	33	94.3	117	95.1
Waiting Time for works								
<3 mounth								
3-6 mounth	34	694	23	59.0	18	514	75	61.0
6-12 mounth	6	12.2	6	15.4	11	31.4	23	18.7
>12 mounth	7	14.3	5	12.4	4	11 4	16	13.0
	1	2.0	2	5 1	0	0	3	24
	1	2.0	2	5.1	U	U	5	2.4
Institution Types								
Central government	4	8.2	5	12.8	1	2.9	10	8.1
Local government	20	40.8	3	7.7	5	14.3	28	22.8
Government (BUMN, BHMN)	0	0	1	2.6	0	0	1	0.8
Private (Services)	24	49.0	26	66.7	26	74.3	76	61.8
Private Manufacturing	0	0	0	0	0	0	0	0
entrepreneur	0	0	1	2.6	1	2.9	2	1.6
Others	0	0	0	0	0	0	0	0
Position in the Job								
Allied with midwifery	46	93.9	33	84.6	32	91.4	111	90.2
Not allied with midwifery	2	4.1	3	7.7	1	2.9	6	4.9
History of changing jobs								
Yes	36	73.5	27	69.2	19	54.3	82	66.7
no	12	24.5	9	23.1	14	40.0	35	28.5

Based on the table above a number of 123 alumni (95.1%) are around 21 to 25 years old. A total of 117 (95.1%) alumni reported working and 6 alumni (4.9)% did not work, with the reason that they continued to study as many as 3 people, preparing to go to college, not working because they continued a family-owned business, wanting to take a break from the midwifery world and taking care of children and families. Where alumni work, spread in several agencies both central government (8.1%), regional government 22.8%, BHMN 8%, self-employed 16% and most work in private institutions such as private hospitals and independent practice midwives by 61.8%.

The longest waiting time for work is less than 3 months (61%), waiting 3-6 months as much as 18.7%. The income of alumni who work is between 1-3 million / month as much as 54.5%, the amount of salary is 3-5 million / month as much as 27.6%. Alumni work in the private sector (services) much 61.8%, local as as government (22.8%). central government (8.1%), government (BUMN, BHMN) (1.6%). Graduates have worked in allied fields with midwifery (90.2%), this shows that alumni have internals with jobs as midwives. There are also alumni who are not allied in the field of midwifery 4.9%. 66.7% alumni have history of changing jobs.

How important is the learning experience in work						
ltem		Very important	Important	Less Important	No Important	
1	Class learning experience	73,2	26,8	0	0	
2	Learning experience in the laboratory	82,9	18,15	0	0	
3	Study learning in the community	93,5	6,5	0	0	
4	Study learning in Internship	86,2	13,8	0	0	

Table 1.2 of Experience learning and input for Educational Institution

2. Experience learning and input for Educational Institution

Based on the above table, most alumni stated that the learning experience in the classroom (73.2%), in the laboratory (82.9%), in the community (93.5%), the internship (86.2%) was a very learning important experience.

3.	Competitiveness	indicators	(Alumni	Perceptions	of	Their
	Competitiveness and Competency)					

Table 1.3 Competitiveness Indicators						
		Very		Less	Not	
		Competen	Competen	Competen	Competen	
		(%)	(%)	(%)	(%)	
1	General knowledge	9,8	81,3	8,9	0	
2	English Lesson	4,1	55,3	32,6	8	
3	Computer	7,3	77,2	7,5	8	
4	Research	8	47,7	36,3	8	
	Methodology					
5	Team Work	22,8	77,2	0	0	
6	Oral Communication	23,6	74,0	2,4	0	
	Skills					
7	Written	16,3	79,6	4,1	0	
	Communication Skills					
8	Society	11,4	78,8	9,8	0	
	Empowerment					
9	Specific theoretical	12,2	86,2	1,6	0	
	knowledge					
10	Specific practical	8,9	85,4	5,7	0	
	knowledge					
11	Organizational	8,1	72,4	19,5	0	
	Management					
12	Leadership	7,5	68,4	16,1	8	

Bandung midwifery alumni stated that they mastered the theoretical knowledge of the study program 86.2%, and mastered knowledge about 85.4% of knowledge.

Tabel 1.4 Alumni Ability						
Input for Poltekkes						
		Very	Needed	Less	Not	
No	Category	needed	(%)	Needed	Neede	
		(%)		(%)	d (%)	
1	General knowledge	52,8	45,5	1,6		
2	English Lesson	40,7	55,3	3,3	8	
3	Computer	27,6	48,8	22,8	8	
4	Research	27,6	48,8	22,8	8	
	Methodology					
5	Team Work	78,9	21,1	0	0	
6	Oral Communication	86,2	13,8	0	0	
	Skills					
7	Written	58,5	41,5	0	0	
	Communication Skills					
8	Society Empowerment	65	34,1	8	0	
9	Specific theoretical	62,6	35,8	1,6	0	
	knowledge					
10	Specific practical	65	34,1	8	0	
	knowledge					
11	Organizational	37,4	51,8	8	0	
	Management					
12	Leadership	58,5	39,3	8	8	

4. The ability of alumni was needed by employment

Specific knowledge currently needed by alumni for services is Oral Communication Skills (86.2%), teamwork (78.9%), Written Communication Skills (58.5), Leadership (58.5%).

Discussion

Based on the results of the study there were alumni who worked and did not work. A total of 117 (95.1%) alumni reported working and 6 alumni (4.9%) did not work. These results show that midwife graduates are very much needed and absorbed in the workforce to date. For those who do not work, many factors influence it, for example, continuing their studies, preparing for college, continuing a family-owned business, taking care of the family. Midwifery Alumni are women who are mothers if they are married, so there are those who choose to take care of their children because they are married rather than working.

Job search is obtained through several sources of job information including information from friends, relatives, the internet and other sources. The longest waiting time for work is less than 3 months (61%), waiting 3-6 months as much as 18.7%. This shows that midwifery alumni are quickly absorbed to work, more than 50% of alumni are absorbed in work less than 3 months.

Where alumni work, spread in several agencies both central government (8.1%). regional government 22.8%, BHMN 8%, self-employed 16% and most work in private institutions such as private hospitals and independent practice midwives by 61.8% . Position is a set of jobs that contain tasks that are the same or related to one another, and whose implementation requires the same skills, knowledge, skills and abilities even though they are spread in various places. Alumni work more in the field of private services, such as the practice of independent midwives in the West Java region. The choice of type of work in the private sector by reason of selection can be carried out at any time, unlike in government agencies for employee recruitment for a certain period.

Graduates have worked in allied fields with midwifery (90.2%), this shows that alumni have internals with jobs as midwives. There are also alumni who are not allied in the field of midwifery 4.9%, namely admin at the BPJS Office. Understanding of the profession is a job or field of work that requires the education of high intellectual expertise and independent ethical responsibility in practice. While the definition of a profession in Good's Dictionary of Education defines the profession as "a job that requires preparation of relatively long specialties in Higher Education and is controlled by a special code of ethics ", In the Large Dictionary of Language, Indonesian the profession is defined as" a field of work that is based on special education (such as skills, vocational and so on). "In this sense, it can be confirmed that the profession is work to be done with capital of expertise, certain skills and specialties. Alumni who work in accordance with the midwifery family in accordance with the education prepared the by Bandung Department of Education.

Based on the results of the study showed that alumni had changed jobs (66.7%). According to Shah, S.M., Zaidi, S., Ahmed, J., Rehman, S.U 2016. Motivation and retention of workplaces are important for the function and quality of health services in a country. Some things that affect a person to move to work are caused by individual factors, external environment and organizational environment in the workplace. Individual / Personal factors include: 1) Gender. women's gender is difficult to move due to husband and child reasons. including in Pakistan where culture does not make it easy to move work, 2) Marriage status, 3) Nature of the Job, in emergency conditions must be ready to be called, 4) Absenteeism: senior employees are more often absent from junior employees, 5) Residence and facilities from the workplace. The second factor that affects motivation and retention: 1) Work Environment: motivation and employees. collaboration with Unsupportive and apprehensive staff causes non-conducive work. The third factor is the Organization is 1) Remuneration, 2) Professional Growth and Training, limited opportunities for continuous professional development (CPD), this training is needed because the staff gets old and keeps it updated on innovation and technology in health. 3) Promotions and Transfers: workplace promotions and convictions are the cause of employee retention. Especially transfer to peripheral areas. 4) Supplies and Medical Facilities: lack of accommodation and medical devices in carrying out procedures, irregular supply, time consuming, bottlenecks in supply chain management, causing health workers to frequently move to work 5) Performance Appraisal and Job Descriptions: the reward and mechanism must be clear, and proper supervision of physicians was attributed to nonexistent job descriptions, 6) Human Resource Management Strategies: supported by data to make revisions and solutions to health problems in the workplace. According to WHO, recommends education. 2010 regulation, financial, personal and professional support for health workers according to priorities based on relevance, acceptability, affordability, effectiveness and impact.

According to Bonenberger in 2014, the factor that influences a staff to change jobs is the age of health workers working in health facilities, Bonenberger explained, the age of employees less than 30 years is more likely to change jobs with social reasons, compared to staff over 38 years of age, this has effect on retention and an attraction professionals. as Duration of more than 5 years (OR = 0.12, 95% CI: 0.06-0.26) in health facilities can reduce the rate of transfer of work compared to staff who have only worked 1 year.

This study states alumni move to work on the grounds: Looking for new experiences, want to find a better and wider place in terms of knowledge and skills, add insight into pathology, want to work in a hospital, add experience and wages given, because only as volunteers without get paid, want to be an ASN, because they are far from relatives, want to work in a hospital or workplace with a shift work system. Motivation and job satisfaction have a significant effect on changing jobs, are career development (OR = 0.56, 95% CI: 0.36-0.86), workload (OR = 0.58, 95% CI: 0.34-0.99), management (OR = 0.51. 95 % CI: 0.30 to 0.84), organizational commitment (OR = 0.36, 95% CI: 0.19 to 0.66), and burnout (OR = 0.59, 95% CI: 0.39 to 0.91).

Dissatisfaction working in health facilities related is to the availability of technical and work. medical equipment at Agyepong et al. Mentioning stress due to lack of tools that support midwives work is a major problem in the workplace. This means that factors that stimulate workers' motivation, besides absenteeism. are also external rewards. Intrinsic

job satisfaction has an impact on motivation.

The Learning Process carried out in Midwifery the Education Department of Midwiferv in Banadung is held with a minimum study load of 108 credits with a normal student learning load of 8 hours per day (48 hours / week equivalent to 18 credits / semester) to 9 hours per day (54 hours / week equivalent to 20 SKS / semester) and taken in the study period 6-8 semesters. Comprising Compulsory Courses as many as: 8 credits and courses for midwifery DIII for 80 credits. The Study Load is described in the learning outcomes which are the formulation of the minimum criteria regarding the gualifications of graduates' abilities which include the attitudes and values. knowledge and skills that have been taken by a student while taking certain studies.

Conclusion

Alumni of midwivery Departement Poltekkes Kemenkes Bandung are very needed and absorbed in the workforce. The most alumni absorbed in work less than 3 months, work in private institutions such as private hospitals and independent practice midwives, had changed jobs. Based on the research learning experiences is important for alumni. The most of alumni had the perception of being able to be competitive.

Take Home Message

It is hoped that educational institutions will actively find jobs for alumni, through user forums, educational invite users to institutions to promote iob improve learning vacancies. facilities and student activities according to Education standards, through updates to classroom conditions, laboratories and tools, infrastructure for student activities to build soft student skills and leadership, development and updates for Practice Learning, through the expansion of prakik midwives in hospitals, preparation of competent clinical advisers in quiding midwife students.

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Documentation

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