Conference book

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Goal: To find out the correlation between anxiety and OSCE grade and factors which caused students' anxiety when facing OSCE.

Research methodology: This research is a qualitative quantitative descriptive research with cross sectional method, continued with interview. Samples were taken from all second and third year students as many of 135 students who participated in OSCE. To investigate, the researcher used two kinds of research instruments, OSCE checklist and anxiety rating scale which were filled by students, then it was conducted statistics test using Pearson Product Moment correlation test. Qualitative method was done after doing the quantitative with interview to explore further.

Results: Anxiety score in this research was about 73-141, with an average 100,66 and deviation standard 12,55, whereas OSCE grade showed that the lowest score was 40 and the highest was 92 with the average 71,5; deviation standard 10,52 and the probability > 0,001 (0,396>0,01). From the interview was obtained that factor caused students' anxiety were OSCE atmosphere and the examiners.

Conclusion: Most of students suffered nervous when facing OSCE. After analyzing through Pearson correlation test was obtained that there was not any positive correlation between students' anxiety and OSCE grade. Factors caused students' anxiety were OSCE atmosphere and the examiners.

Keywords: anxiety, OSCE grade, students, examiners.

03/3

Health Promotion Module:
Key Towards Successful One Health Approach

Khalib Abdul Latiff

Background: Health-related issues are a major eco-socio-system crisis of the globe that is created solely by human activities for the sake of development and due to feint ignorance. As a result, both environment and livings including humans are in verge of menace. It requires an intensive review on the existing organizational practices while empowering people, particularly regarding the way the programs are being governed and delivered. We belief that the success of all intervention efforts is a sum mutual effects between health care providers and the health care clients. The only module that can be used to strengthen is health promotion. By manipulating the existing health promotion module through accommodating the core concept of one health approach, we hope the favorable health success is slowly be materialized.

Method: Resourced by USAID, SEAHOUN and MyOHUN, two days curriculum review workshop was planned and organized. All the current health promotion modules and curriculums for several postgraduate candidates in public health programs were reviewed by a team of stakeholders. The existing course description, learning outcomes and activities were thoroughly examined and rephrased in line to the core competency expectation of one health initiative. Then the proposed health promotion modules were intensively discussed and debated by the participants.

Results: Generally the current modules were well accepted and satisfied by the participants and stakeholders. By incorporating the principle of one health, although it was challenging, the stakeholders feel the module is extremely superb.

Discussion: The review process has revealed two main benefits. First, it strengthens the current existing curriculum, and secondly, it creates several opportunities in carrier developments and pathways for candidate who is specializing health promotion. Therefore, health promotion is undoubtedly the most appropriate module to ensure the sustainable success of one health approach.

03/4

Portfolio Implementation as a Tool in Assessing Students' Competences:
Community Medicine Module Experience

Fika Ekayanti, Erike A. Suwarsono,
Witri Ardini

Background: Community Medicine Module is one of the distinct module in Medical Study Program (MSP) of Faculty of Medicine and Health Sciences of UIN Syarif Hidayatullah Jakarta. It represents the local specific competence of MSP, rural doctor. The module was held in public primary care services (Puskesmas)
surrounding Tangerang district within 15 October to 14 November 2012. Portfolio was one of the assessment tool that contributed 40% of total summative.

Method: Students were asked to develop portfolios of their activities done in the module. Group of activities and information on how to develop the portfolio were given in the instruction book and explained in an interactive class session. Tutor in campus and preceptor in Puskesmas would have weekly discussion with a group of students to monitor students’ progress. Both tutors and preceptors have followed a workshop about the module and portfolio. Portfolio exam was held in the fifth week of the module.

Results: Based on qualitative analysis, portfolio showed clear description of students’ activities through reports and reflections. It can describe how deep the students’ analysis and level of competences in knowledge, skills and attitude. Other advantages of using portfolio were tutor can directly give feedback from students’ reports, students learned how to reflect and manage their time. By quantitative analysis that data were gathered by questionnaires, showed that 95% tutor and assessor supported the use of portfolio because it can assess all aspects of students’ competences, and 59.45% students also had the same views. However, the concern in module implementation were that the distant from Puskesmas and campus was too far, especially to meet the tutor; portfolio was time consuming; the discrepancies in score between the preceptors and tutors, and less feedback and easy score were given by the preceptor.

Lesson learnt: Portfolio appropriately used as an assessment tool for students in clinical phase. Things to be concerned are time estimation, discussion process by preceptor and tutor, and result quantification to portfolio results.

Community Oriented Curriculum Contributes in Retaining Doctors in Rural.
A Study in Nusa Tenggara Timur, Indonesia
Nicholas Edwin Handoyo, Yaya Suryo Prabandari, Gandes Retno Rahayu

Background: Rural places have different and unique characteristics in health problems compared to urban area. Some of those are low income, limited resources, shortage and misdistribution of medical workforce. Not many doctors are willing to work in rural. Nevertheless, there are some who stayed for years in rural. How to develop this willingness during training in medical school?

Methods: Qualitative research. Thirty five participants living for > 10 years in rural joined the study. Four general practitioners joined focused group discussion. Other thirty one general practitioners were interviewed, transcribed, and analyzed qualitatively using Open Code 3.6. Two researchers analyzed independently and discussed the results.

Result discussion: Intervention to improve doctors retention in rural should be synergistically done through health service system and education system. Community oriented curriculum and reflection play great contribution in developing personality traits and willingness to work in rural. Other factors found to contribute were sharing between students or from doctors to students, teamwork, religion, teaching the teachers, and participation in student organization.

Conclusion: Community oriented curriculum and reflection were suggested as the main strategy of intervention through curriculum to retaining doctors in rural.
P3/2
Restructuring Arabic and English Modules To Improve Medical Students' Professionalism
Erike A. Suwarsono, Alyya Siddiqa, Ahmad Azwar

Introduction: The medical study program of FMHS's 2012 curriculum enhances the effort to strengthen the local values of State Islamic University's vision and mission. This strength provides a broader opportunity to restructure the Arabic and English modules which were previously oriented to TOEFL and TOEFL-IP results. The Arabic and English module should be adjusted to medical professionalism importance.
Method: The English module focuses on reading and writing, while also enhancing speaking and listening in English. All topics were discussed based on human body systems, in order to support the understanding in preclinical modules. Rewriting an article in English could assess the students' ability in writing, how to choose and use words in sentences, and also the use of grammar. The Arabic module offers basic knowledge of Arabic language since some students have not learned Arabic while in high school. The Arabic module emphasizes how to use Arabic for investigating patient, how to understand the hadits and Quran verses used in Moslem Doctor Module. Each module held in two semesters of first year.
Results: Based on the pretest and posttest of English module, the score of group A was 5.5% higher and the group B was 2.4% (class rate 3.9%). The other result was the vocabulary handbook related to medical terminology and the English conversation video as a simulation of how English was important for medical profession. The difference of Arabic pretest and posttest score was 56.22%. The other result of Arabic module was the conversation video of a medical pilgrimage officer. Those videos could be used in the discussion media.

Lessons learned: The biggest hope is that the Arabic and English module could be the excellent foundation to improve the medical professionalism, so that it would be useful for the preclinical and clinical modules ahead.

P3/3
Comparison Between Progress Test Result 2012 And 2013
Sebelas Maret University (UNS)
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Background: Institution have to evaluate their curriculum regularly. Progress testing is well known as one of the instruments to evaluate curriculum. The medical faculty of UNS always evaluates curriculum, but only partial evaluation. In order to do complete evaluation we started PT in 2012.
Method: We were analyzed and compared pretest result of PT 2012 and 2013 in Class of 2010 and 2011 with paired simple T-test.
Results: The correlation rate based on paired sample t-test showed that students from 2010 rate was 0.695 and students of 2011 was 0.778 from 2012 to 2013. Both results mean there are strong correlation and significant improvement from PT 2012 to 2013.
Discussion: Both years groups on PT 2012 improved significantly to 2013. The improvement of 2010 students were lower than 2011, possibly because of the curriculum revision. Students of 2010 were in the transitional phase of the curriculum.
Conclusions: PT is a good instrument to evaluate curriculum and monitoring students' knowledge. It is good to do PT more often. On the other hand, test results can be affected by curriculum change and test composition.
Take-Home Messages: A deeper study and research is needed to analyze PT results. University should run PT more often.