Background

The curriculum is a set of plans and arrangements regarding graduate learning achievements, study materials, processes and assessments used as guidance in the organization of education. The curriculum is developed according to the character of students, resources, national or local policies, geographical conditions or local geographical conditions, politics, and advances in information technology and medical progress. This study aims to evaluate the implementation of Problem-Based Learning (PBL) of the Medical Education Study Program of Faculty of Medicine, University of Lampung from the student's perception.

Methods

This study was a qualitative research by investigating the perception of students to the curriculum of Medical Education Program Faculty of Medicine, University of Lampung. The total samples of 50 people consisting of 20 students of class of 2013, 10 students of class of 2014, 20 postgraduate are divided into Rumah Sakit Ahmad Yani (RSAY) and Rumah Sakit Abdoel Moeloek (RSAM). The data were collected with Focus Group Discussion (FGD). Then made the transcripts and coding then made categorization and conclusions.

Result

Curriculum Design

a. Proper
"I think the curriculum is pretty good but it needs a block change that year over repeats the previously learned material".

b. The arrangement of the tropical infection block is given in the year above
"Blocks involving the organ system eg TID in the final year or above, the research block in the fourth semester".

c. The research block is given earlier
"There is a block that should be given in the fourth semester as a research block so students early get a lesson to make scientific work".

d. Schedule changes frequently
"Lecture schedules often vary according to the schedule in the block book".

e. The curriculum should repeat the material of previous blocks
"We recommend that as in Unand, my friend at Unand is more in control of the material in detail that is the previous material".

The curriculum can motivate students to learn

a. The curriculum can motivate
"I learned and motivated me to learn if there was a tutorial. I do not agree if the tutorial discussion is reduced".

b. Students were not ready with pure PBL system
"Some students have been motivated to PBL because some still rely on lectures and student not ready to learn independently even though there was a learning goal in the block book but there were also who did not want to learn ".

c. Students are motivated if there was feedback from the facilitator
"I am more motivated if the tutor gives an evaluation at the end of the tutorial let alone give feedback one-on-one to the students".

d. Motivated from the problem
"Motivated students were not ready with pure PBL system".

The curriculum can improve the lifelong learning skills

a. Critical thinking
"If the case is interesting it can encourage me to search for resources and learn again".

b. Communication
"At the time of the tutorial we are forced to speak in front of friends, can train communication and public speaking".

c. Literature searching
"Lately there are often some groups that no lecturers so we are told by the pack nah discussion continues to go on".

d. Leadership
"Each of our discussions was always chaired by a chairman who was appointed to take turns inevitably should be able to turn to chairman".

e. Interpersonal skills
"I think we can tolerate to friends, such as friends who can not convey the opinion, other students do not laugh the other ".

The curriculum can improve the basic science of medicine

a. Partly already
"If the first year and the second year there is a dock, in the year already clinical and even lecturers teach it at the time of college is more specialist and incomprehensible".

b. Lack of lecturer
"Lately there are often some groups that no lecturers so we are told by the pack nah discussion continues to go on".

c. The lecturers’ perception of the PBL discussion stage is the same
"The docks, tutorials between different lecturers, sometimes a lecturer prefer step three that etiology, pathophysiology, symptoms, investigation, sometimes according to the scenario so we are confused".

d. Schedule changes frequently
"Lecture schedules often vary according to the schedule in the block book".

e. Interpersonal skills
"I think we can tolerate to friends, such as friends who can not convey the opinion, other students do not laugh the other ".

The curriculum has helped students to achieve the competence of doctors

a. Help student
"I think it can be docked, because there was a block book sometimes we read and later we will continue the clerkship".

b. Forget the theory
"If I better remember the case of the dock, so that when the theory should read again but did not have time to read again".

c. Clinical skills were taught by a specialist
"That doc is a specialist who says we should be taught by a specialist for CSL".

d. Literature searching
"If the first year and the second year there is a dock, in the year above repeats the previously learned material".

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Conclusion

Students’ perceptions of the curriculum design were mostly good but there were some things that need to be fixed like an earlier research block of the fourth semester, the composition of the integration block should be put in the final year, the implementation of the block is considered. Curriculum with problem-based learning method can motivate students and also demotivation. Curriculum can improve self-directed learning, leadership, communication, critical thinking, problem solving, interpersonal and clinical reasoning, the knowledge of basic medical science, able to give competence to the students especially the competence as a doctor but for the undergraduate stage they still forgot the theory.

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