

**STUDENT GUIDEBOOK
INTERNAL MEDICINE SPECIALIST PROGRAM
(REVISED EDITION)**



**INTERNAL MEDICINE DEPARTMENT
FACULTY OF MEDICINE
HASANUDDIN UNIVERSITY
MAKASSAR
2020**

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INTERNAL MEDICINE SPECIALIST PROGRAM
(REVISED EDITION)**



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**INTERNAL MEDICINE DEPARTMENT
FACULTY OF MEDICINE
HASANUDDIN UNIVERSITY
MAKASSAR
2020**

FOREWORD HEAD OF STUDY PROGRAM

DEPARTMENT OF INTERNAL DISEASES

FACULTY OF MEDICINE HASANUDDIN UNIVERSITY

Assalamu Alaikum Wr, Wb.

In an effort to anticipate the development of science and technology in the era of globalization, quality human resources are needed, especially medical professional health workers who master rational science. Therefore, the Department of Internal Medicine (IPD/Ilmu Penyakit Dalam) Faculty of Medicine Hasanuddin University (FKUH/ Fakultas Kedokteran Universitas Hasanuddin) as an educational institution is required to accommodate those needs.

The Specialist Doctor Education Program (PPDS/Program Pendidikan Dokter Spesialis) is a combination of academic education characterized by deepening of knowledge through various academic activities and professional education characterized by the achievement of professional abilities through a series of professional training supported by a strong academic basis. Thus, teaching specialist doctor education consists of academic material and professional material, both of which are an inseparable unit. Academic material is the foundation or basis for professional achievement in an educational process to become a specialist.

Based on the things mentioned above, the PPDS-IPD-FKUH Handbook was compiled. The program book also refers to the Internal Medicine Specialist Education Standards from the Indonesian Collegium of Internal Medicine (KIPD/Kolegium Ilmu Penyakit Dalam Indonesia) and the Specialist Doctors Education Standards published by the Indonesian Medical Council (KKI/Konsil Kedokteran Indonesia).

This book describes a curriculum that has applied the principles of a competency-based universal approach to higher education, such as student centered learning, elective posting, self-directed learning, problem solving oriented, integrated teaching, case based discussion, community oriented, and implementing EBP (evidence base practice).

This book also explains the curriculum structure, implementation of education, duration of education, evaluation of educational outcomes, educational facilities and infrastructure. This manual is an important reference for students, educators and administrative staff of PPDS-IPD-FKUH.

Finally, I would like to thank and give appreciation to the Drafting Team for this Guidebook. May Allah SWT always give His grace and guidance to all of us.

Makassar, February 2020
Head of Study Program
Internal Medicine
Faculty of Medicine UNHAS
Dr. dr. Harun Iskandar, SpPD, KP, SpP

FOREWORD CHAIRMAN OF THE DEPARTMENT
INTERNAL DISEASE
FACULTY OF MEDICINE HASANUDDIN UNIVERSITY

Assalamu Alaikum Wr, Wb.

By expressing praise and gratitude to Allah SWT, I warmly welcome the completion of the PPDS-IPD-FKUH Guidebook.

In principle, the PPDS-IPD-FKUH Program Book refers to the 2006 Specialist Doctor Education Standards published by the KKI and the Internal Medicine Professional Education Standards from the KIPD.

This book can be published thanks to the cooperation of all parties, starting from the Head of the Study Program (KPS), the Secretary of the Study Program (SPS), all teaching staff and employees. Therefore, on behalf of the IPD-FKUH Section, I thank you very much for all the help.

Makassar, February 2020
Head of Department of Internal Medicine
Faculty of Medicine Unhas
Dr. dr. A. Makbul Aman SpPD, K-EMD

FOREWORD THE DEAN OF THE FACULTY OF MEDICINE HASANUDDIN UNIVERSITY

Assalamu Alaikum Wr, Wb.

Praise and gratitude we pray to God the Almighty, thanks to his grace and guidance the Drafting Team consisting of KPS, SPS, all teaching staff and employees of the IPD-FKUH Section, has succeeded in publishing the PPDS-IPD-FKUH guide book.

This PPDS-IPD-FKUH guidebook is expected to improve the education system, especially for PPDS-IPD-FKUH in order to create specialist doctors who are reliable, knowledgeable, skilled, ethical and can behave well so they can compete.

We really appreciate the efforts made by the Drafting Team for this general guidebook which has been able to accommodate the dynamics and developments of Specialist Medical Education in Indonesia and in particular the Internal Medicine Specialist from FKUH. It is hoped that with the information in this general guidebook the implementation of PPDS-IPD-FKUH can run better.

Finally, let us always ask for guidance from God Almighty so that he will always bless our efforts.

Makassar, February 2020
Dean of the Faculty of Medicine
Hasanuddin University
Prof. dr. Budu, SpM(K),PhD

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CHAPTER I

PRELIMINARY

The rapid development of medical science and technology and the public's need for quality health services as well as the unavoidable global competition to demand the development of medical science that increases specialization with increasingly complex equipment. For this purpose, quality human resources are needed and in accordance with the varied needs of the nation and mankind in the present and in the future.

Postgraduate medical education including specialist doctor education, especially IPD specialist doctor education is the answer from medical education institutions that must be managed effectively and efficiently with a dynamic learning system and stimulate students to continue to develop themselves creatively to become pioneers, inventors and developers of medical science and technology for the humans future. The curriculum, which is composed of packages/modules, allows learning to be carried out at various centers according to the capabilities and facilities of the place.

National Education System Law (Sisdiknas) No. 20 of 2003 has determined that the education of specialist doctors is under the Ministry of National Education. However, the role of professional organizations (Specialist Doctors Association) through their respective collegiums is absolutely necessary. Therefore, in the preparation of this guide the assistance of ideas cannot be separated from the guidelines that refer to the Internal Medicine Specialist Education Standards from the KIPD and the Specialist Doctors Education Standards published by the KKI.

PPDS-IPD management involves 3 (three) interrelated elements in accordance with their respective duties and responsibilities, namely the KIPD, the PPDS-IPD Study Program Organizing Institution in this case the IPD-FKUH Section and the Health Service Institution (Teaching Hospital). The PPDS-IPD Program Organizing Institution is responsible for the implementation of the PPDS-IPD including organization, coordination, management and evaluation. Education program planning involves PPDS-IPD Organizing Institutions and Health Service Institutions by referring to the education and competency standards prepared by KIPD. Management of the educational process ensures that students are exposed to various types of management of health problems. The Collegium of Internal Medicine is responsible for compiling educational and competency standards, issuing competency certificates based on the results of educational evaluations held by both PPDS-IPD Organizing Institutions and KIPD.

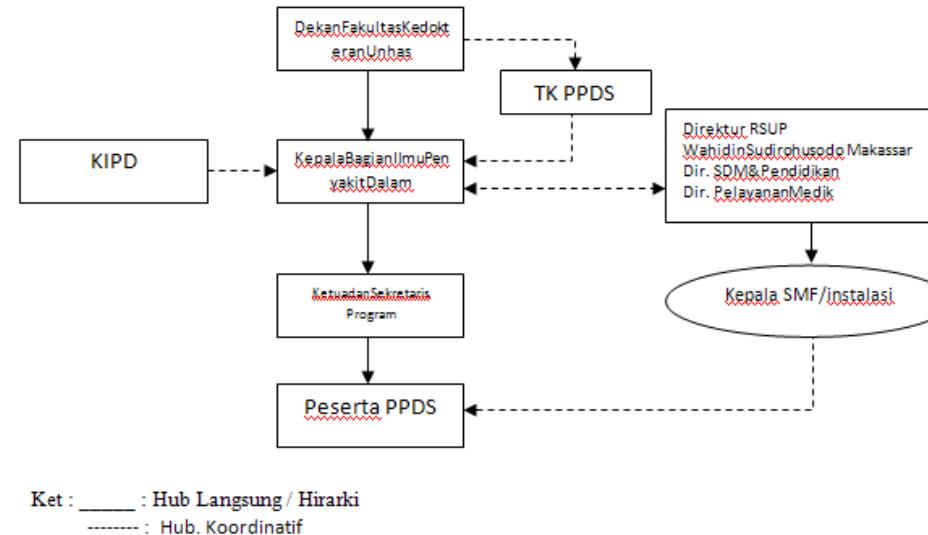


Figure 1. The relationship between KIPD, educational hospitals and educational institutions

Doctor education programs that adhere to the Student-centred learning strategy, based learning teaching, Community based, Elective Course, Self-directed learning (SPICES) are considered relevant to be applied to postgraduate medical education, in this case the education of IPD specialist doctors which is competency-based in principle and is expected to be able to explore and discover new technologies in the medical field.

With this new curriculum, we hoped that education will be more effective, efficient and flexible to keep up with the development of medical science and technology and the changing and evolving needs of society.

CHAPTER II

VISION, MISIONS, AND STRATEGY GOALS OF INSTITUTIONAL DOCTOR EDUCATION

I. VISION

To become an excellent, independent and dignified education centre to produce qualified, responsible and professional Internal Medicine Specialists who are able to compete regionally, nationally and globally in the year of 2025.

II. MISIONS

- Organizing education of Internal Medicine Specialist based on evidence based and research.
- Provide an excellent education of internal medicine specialist with humanism and cultural approach.
- Increase the quantity and quality of national and international research in the field of Internal Medicine Specialist.
- Create an accountable, responsible, independent, and integrated management system of Internal Medicine specialist study program.

III. THE STRATEGIC GOALS

1. Placing the Internal Medicine Specialist Study Program Faculty of Medicine Hasanuddin University as an educational institution that has a wide network in regional and international levels, as well as partnerships with various related institutions in an effort to increase the quality of the graduates.
2. Increasing the role of the Internal Medicine Specialist Study Program Faculty of Medicine Hasanuddin University as an Educational institution complying with government policies in the scope of Health in the field of Internal Medicine in Indonesia.
3. All students of the Internal Medicine Specialist Study Program Faculty of Medicine Hasanuddin University have global-standard competencies with high professionalism. Have access to follow continuing medical education to update their knowledge with the latest Internal Medicine field development.
4. Increasing the quantity of Internal Medicine Specialist with a proportional distribution in all provinces of Indonesia.

5. The Internal Medicine Specialist Study Program Faculty of Medicine Hasanuddin University attempts to increase the number of research and scientific publications in the field of Internal Medicine published in national, regional and international journals.

CHAPTER III

EDUCATION CURRICULUM STRUCTURE

A. Basic Curriculum Structure

To achieve the educational goals that have been set and by using an educational program that is characterized as described using a characteristic education program as described in the previous chapter, the basic structure of the Internal Medicine Specialist Education Program consists of 3 (three) stages as follows:

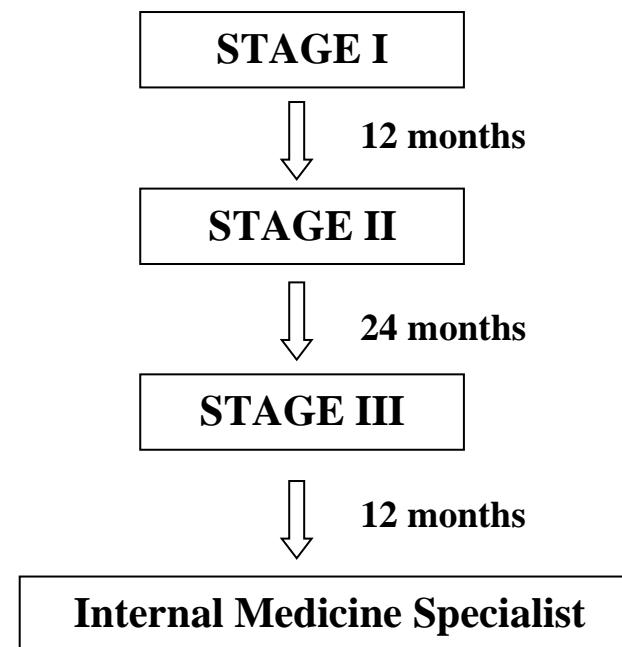


Figure 2. Education Curriculum Structure

Stage I:

IPD General Expertise Knowledge, minimum duration of 12 months, consisting of:

General skills I (semester I): Mastery of disease pathogenesis and pathophysiology modules, basic diagnostic skills, basic internal medicine, and superior competencies, the activities include; doctor on duty, the task of reading reports of 2 deaths and 2 scientific journals. Through the Mini-CEX,CbD exam.

General skills II (semester II): Mastery of emergency modules, EBM statistical epidemiology, and basic medical skills. Activities include room doctors, invasive and non-invasive practice, doctor on duty, reading assignments (1 topic reference and death report 3 cases of death), 3 topic scientific journals, Mini-CEX, CbD, and DOPS exams then stage I exams.

Stage II:

IPD Special Skills Knowledge, minimum duration of 24 months, consisting of 11 subdivisions, 10 topic journals, through mini-CEX, CbD, DOPS exams, as well as pre-test and post-test in each division of referrals with 3 topics, reading research proposals and conducting independent research , reading of national/international papers at least once, stage II exam.

Stage III:

Strengthening the professionalism and independence of IPD, the duration of 12 months consists of independence (chief) and regional assignments, 1 topic reference, thesis, national board exam and final exam.

Length of education: minimum 4 years, maximum $2n + 1$ study period (9 years). In order to show the scope of academic deepening achievement and professional skill achievement as a specialist, the curriculum is divided into educational material groups.

Other field study programs in the grouping use the term subject (MK). However, for specialist doctor education programs, the term MK is not always suitable because the activities in the specialist doctor education program use a lot of work training (practice), especially in professional training.

A.

A. Educational Materials

Educational materials provide knowledge of IPD expertise so that IPD scientists can become experts in their fields. Expertise Materials consist of educational materials from various sub-disciplines within the scope of IPD, at least consisting of:

1. Infectious Tropical Diseases
2. Gastroenterohepatology
3. Pulmonology
4. Metabolic Endocrinology and Diabetes
5. Hematology and Medical Oncology
6. Cardiology
7. Kidneys and Hypertension
8. Rheumatology
9. Geriatrics
10. Allergy and Immunology
11. Psychosomatic

B. Academic Application Material

Academic Application Materials are academic activities by applying previously acquired knowledge. This material is a series of scientific activities that are directly related to the science being occupied. These various types of activities aim to foster knowledge, attitudes and behavior of scientists, master scientific research methods, be able to write scientific papers and write scientific theses in support of professional skills as a specialist in internal medicine.

Academic Application Materials consist of two groups:

Which is directly related to the following academic requirements:

- Library extract
- Research proposal
- Thesis

Those related to the achievement of professional abilities with scientific support, for example:

- Journal reading
- Read the library
- Case reports

C. Professional Application Material

Professional Application Material is professional training by applying the previously acquired knowledge in real terms through various IPD clinical professional activities so that professional attitudes and behavior are developed and the professional abilities of internal medicine specialists are achieved. The professional training process is carried out both at the Main Teaching Hospital and at various Partner Hospitals in order to obtain training material in the form of cases with the number and variety in accordance with the level of competence and proficiency to be achieved.

Professional training aims to achieve high-quality professional skills (competencies) supported by strong and solid academic knowledge (scientist physician). With the competence as mentioned above, health services will be of high standard and quality in accordance with the development of medical science and technology. The strategy chosen is professional training by way of practical work in the ward for inpatients and in the polyclinic for outpatients through the Evidence-Based Medicine approach, as well as activities in the community to practice the application of the internal social approach. Comprehensive professional training is carried out in phase I and strengthened so as to achieve the ability of specialist doctors in phase III.

The Professional Application material consists of three stages which in general in the professional training include management of emergency patients, inpatient, outpatient, specialist and subspecialist procedures in the IPD Section, preventive and rehabilitative management, as well as through a social approach. Through practical work in addition to achieving professional skills, PPDS also gains reinforcement in scientific mastery through academic application material activities as described above.

CHAPTER IV
CURRICULUM CONTENTS

A. Basic Skills Material (Phase I)

I. Types of activities in stages I-A (6 months) include:

- Psychomotor and affective activities include medical services in inpatient rooms according to SOPs:
 - a. Medical interview
 - b. Physical examination
 - c. Treatment planning
- Make a patient status of at least 50 cases
- Mastering the pathogenesis and pathophysiology (cognitive):
 - d. Febris
 - e. Dehydration
 - f. Edema and ascites
 - g. Jaundice
 - h. Hematemesis and melena
 - i. hemoptysis
 - j. Lung dam
 - k. Oligouria and anuria
 - l. Shock
 - m. Impaired consciousness
 - n. Disorders of electrolyte and acid-base balance
 - o. Bleeding and clotting disorders
 - p. Congestive heart failure
 - q. Heart rhythm disturbances
 - r. Drug and food intoxication
- Guard duty
- Make a death report of 2 (two) cases
- Carry out 2 (two) topics of journal reading

- As observer at least 2 (two) times each of the following actions:
 - a. Infusion installation
 - b. Catheter insertion
 - c. Supra pubic puncture
 - d. NGT installation
 - e. ECG installation
 - f. Drug provocation test
- II. Types of activities in stages I-B (6 months) include:
 - Psychomotor and affective activities include medical services in inpatient rooms according to SOPs:
 - a. Medical interview
 - b. Physical examination
 - c. Treatment planning
 - Make patient status at least 50 cases
 - Guard duty
 - Make a death report of 3 (three) cases
 - Carry out journal readings on 3 (three) topics
 - Make a reference for 1 (one) topic
 - Perform the following non-invasive and invasive measures:
 - a. Installation of infusion at least 5 (five) times
 - b. Insertion of catheter at least 3 (three) times
 - c. Suprapubic puncture at least 2 (two) times
 - d. NGT installation at least 3 (three) times
 - e. ECG installation at least 6 (six) times
 - f. Drug provocation test at least 6 (six) times

B. Special Skills Material (Phase II)

- I. Psychomotor and affective activities include medical services in outpatient and inpatient rooms according to SOPs:
 - a. Medical interview

- b. Physical examination
- c. Treatment planning

II. Make the status of outpatients, inpatients and consuls of at least 30 cases in each subdivision

III. Mastering knowledge (cognitive) and skills in each subdivision according to the PPDS-IPD-FKUH curriculum as follows:

a. Cardiology Subdivision:

a.1. Knowledge includes:

- a. Heart failure
- b. Rheumatic fever and valvular heart disease (MI, MS, AS, AI, etc.)
- c. Anemia heart disease Penyakit
- d. Hypertensive heart disease
- e. Thyroid heart disease (hyper and hypothyroid)
- f. Atherosclerotic heart disease: coronary heart disease/CHD, ischemia/myocardial infarction
- g. Cor pulmonale
- h. Pericarditis, endocarditis, myocarditis
- i. Cardiac dysrhythmias: bradycardia, tachycardia, ventricular extra systole, cardiac arrest, atrial fibrillation, atrial flutter, junctional tachycardia
- j. Congenital heart disease: atrial septal defect/ASD, ventricular septal defect/VSD, patent ductal arteriosus/PDA
- k. Cardiomyopathy
- l. Peripheral vascular disease/PAD

a.2. Skills, either as an observer, assistant or independent which include:

- Electrocardiography/ECG
- Echocardiography
- Heart exercise test
- Doppler ultrasound

- Cardiopulmonary resuscitation/CPR
- Catheter lab
- Defibrillation
- Central venous pressure/CVP installation (optional)
- Insertion of an endotracheal tube/ETT (optional)

b. Gastroenterohepatology Subdivision

b.1. Knowledge includes:

- Gallbladder disease: cholecystitis, cholelithiasis, tumors
- Pancreatic disease: acute/chronic pancreatitis, tumors
- Diseases of the biliary system: bile duct stones, tumors of the biliary system
- Esophageal diseases: varicose veins, tumors, esophageal motility disorders/Achalasia, candidiasis infections/esophagitis, GERD, pill-induced esophagitis, corrosive esophagitis, radiation esophagitis
- Gastric and duodenal diseases: gastritis, gastropathy, duodenitis, peptic ulcer, neoplasm, H. pylori infection
- Diseases of the small intestine: chronic infections, tumors
- Colon diseases: chronic infections, tumors, constipation, IBS, IBD, radiation colitis
- Anorectal diseases: hemorrhoids, anal fissures, pruritus ani, tumors
- Nutritional management and assessment: TNP, oral and enteral nutrition
- Enterocutaneous fistula
- Malabsorption
- Hereditary and familiar liver disorders
- Obstructive jaundice
- Liver disorders in systemic disease
- Acute and chronic viral hepatitis, drug-induced hepatitis, autoimmune hepatitis
- Alcoholic and non-alcoholic fatty liver
- Liver cirrhosis with or without portal hypertension
- Spontaneous bacterial peritonitis

- Liver tumors: primary liver carcinoma, malignant metastases to the liver
- Hepatic encephalopathy
- Acute cholangitis, cholangiocarcinoma
- Liver disease in pregnancy
- Amoebic and pyogenic liver abscess

b.2. Skills, either as an observer, assistant or independent which include:

NGT installation

- Endoscopy: UGIE/LGIE diagnostics
- Per-endoscopy hemostatic
- Per-endoscopic polypectomy
- Diagnostic anuscop
- Hemorrhoid sclerotherapy
- Liver abscess aspiration
- Ascites fluid puncture
- Abdominal Ultrasound/Fibroscan
- Guided liver biopsy
- Peritoneoscopy (optional)
- ERCP (optional)
- Per-cutaneous ethanol injection (optional)
- RFA (optional)
- PTBD (optional)

c. Endocrine-Metabolic Subdivision

c.1. Knowledge includes:

- Diabetes Mellitus: DM type 1, type 2, other types, gestational; complications of acute DM (hypoglycemia, DKA, KHONK) and chronic (microangiopathy, macroangiopathy)
- Thyroid disorders: toxic and non-toxic diffuse/nodular goiter, hyperthyroidism and hypothyroidism, Graves' disease, acute/subacute/chronic thyroiditis, thyroid cancer

- Lipid disorders: hypercholesterolemia/hypertriglycerides/mixed, primary/secondary dyslipidemia, familial/acquired obesity and sedentary life style, secondary to DM/SN/estrogen therapy/old age/chronic kidney disease/chronic liver disease
- Parathyroid gland disorders/calcium metabolism: primary hyperparathyroidism, hypoparathyroidism, hypercalcemia, hypocalcemia, osteoporosis/osteomalacia
- Diseases of the pituitary gland: tumor, hyperfunction (hyperprolactinemia, acromegaly/gigantism), hypofunction (panhypopituitarism, etc.), diabetes insipidus, syndrome of inappropriate antidiuretic hormone (SIADH)
- Adrenal gland disorders: cortex disorders (Cushing's syndrome, Addison's disease), medullary disorders (pheochromocytoma)
- Obesity: metabolic syndrome
- Reproductive disorders: male (hypogonadism, gynecomastia, andropause), female (primary and secondary amenorrhea, menopause, hypogonadism, hypogonadotropic, polycystic ovary syndrome/PCOS, galactorrhea)

c.2. Skills, either as an observer, assistant or independent which include:

- Diabetic foot care
- Diabetic foot screening
- Monitor blood glucose
- Oral glucose tolerance test
- thyroid ultrasound
- Thyroid FNA
- Dexamethasone suppression test (optional)
- insulin injection
- Densitometry

d. Kidney-Hypertension Subdivision

d.1. Knowledge includes:

- Non-complicated and complicated urinary tract infections
- Urinary stones

- Acute/chronic obstructive nephropathy
- Chronic uric acid nephropathy
- Interstitial nephropathy
- Acute/chronic glomerulonephritis
- Nephrotic syndrome Renal disorders in systemic diseases: DM, SLE, leptospirosis, syndrome, hepatorenal, drug intoxication
- Acute kidney injury/AKI
- Chronic kidney disease/CKD
- Acute on CKD
- Renal replacement therapy: hemodialysis, peritoneal dialysis, kidney transplant
- Hypertension

d.2. Skills, either as an observer, assistant or independent which include:

- Hemodialysis
- Continuous ambulatory peritoneal dialysis/CAPD
- Kidney ultrasound
- Urinary catheter insertion
- Supra pubic puncture

e. Pulmonology Subdivision

e.1. Knowledge includes:

- Pulmonary infectious diseases: TB, CAP/HAP, pneumonia and aspiration pneumonitis, pneumonia in immunocompromised patients, empyema, lung abscess
- Pulmonary complications in AIDS: pneumonia and non-infectious pulmonary complications in AIDS patients
- Obstructive lung disease: COPD, bronchial asthma, cystic fibrosis, bullae disease
- Vascular pulmonary disease: pulmonary embolism, pulmonary hypertension, cor pulmonale, vasculitis

- Interstitial lung disease: sarcoidosis, idiopathic pulmonary fibrosis, bronchiolitis, hypersensitivity pneumonitis, radiation pneumonitis, lupus pneumonitis, eosinophilic pneumonitis
- Depositional and infiltrative lung disease: histiocytosis
- Ventilation disturbance
- Sleep apnea syndrome
- Occupational lung disease
- Environmental lung disease: air pollution, lung disease related to altitude and diving
- Drug-induced lung disease
- Neoplasm: solitary nodule, bronchogenic and non-bronchogenic carcinoma, malignant pleural effusion, systemic complications of lung carcinoma, benign lung tumor, secondary/metastatic lung cancer
- Pleural disorders: effusion, pneumothorax, mesothelioma, other primary tumors
- Mediastinal disease
- Chest wall abnormalities
- Diaphragmatic dysfunction
- Lung disease in pregnancy
- Pulmonary manifestations of systemic disease: pulmonary infection and acute lung injury in systemic disease, pulmonary and pleural complications in heart disease, pulmonary aspect in liver disease, pulmonary manifestations in gastrointestinal/metabolic-endocrine/collagenous/vascular/extra malignancies lung
- Evaluation of post-pulmonary and non-pulmonary lung abnormalities

e.2. Skills, either as an observer, assistant or independent which include:

- Peak flow meter
- Spirometry
- Bronchodilator test
- Inhalation therapy
- Oxygen therapy
- KGB fine needle biopsy

- Pleural puncture
- Chest physiotherapy (optional)
- ETT insertion (optional)
- Thoracic ultrasound
- Mechanical ventilation (optional)
- Transthoracic FNA
- Bronchoscopy

f. Tropical-Infectious Subdivision

f.1. Knowledge includes:

- Fungal infection
- Viral infections: chickenpox, entero-adenovirus, dengue fever, dengue hemorrhagic fever, rabies, influenza, herpes, infectious mononucleosis, HIV, chikungunya
- Bacterial infections: typhoid fever, bacillary dysentery, leprosy, plague, eltor, shigellosis
- Spirochaete infection: leptospirosis, rat bite fever
- Protozoal infections: amebiasis, malaria, giardiasis, toxoplasmosis
- Worm disease
- Filariasis
- Acute diarrhea
- Sunburn, snakebite and venomous animals
- Fever of unknown origin/FUO
- Intoxication
- Nosocomial infection
- Sepsis and septic shock
- Infections in immunocompromised patients, the elderly, pregnancy, drug users and people with HIV
- Infections due to toxoplasma, rubella, cytomegaly, herpes (TORCH)
- New emerging/re-emerging infectious disease

f.2. Skills, either as an observer, assistant or independent which include:

- Vaccinations
- DDR Check
- CVP installation (optional)
- Installation of the syringe pump
- Bone marrow aspiration for microorganism culture (optional)
- Rectoscopy (optional)

g. Subdivision of Hematology-Medical Oncology

g.1. Knowledge includes:

- Hemopoiesis system: anemia (aplastic, autoimmune hemolytic, non-immunological hemolytic in PNH/G6PD deficiency/malaria, in chronic disease, in chronic renal failure, iron deficiency, drug-induced, in the elderly), non-immunologic leukopenia (due to disease, cytostatic chemotherapy drugs, in AIDS), non-immunologic thrombocytopenia (due to disease, cytostatic chemotherapy drugs), bycytopenia/pancytopenia (hypersplenism, histoplasmosis, viral causes as in hepatitis)
- Thrombopoietic system: acute and chronic ITP, thrombopathy, thrombocytopenia due to other causes
- Myeloproliferative diseases: CRF, polycythemia vera/secondary, essential thrombocytosis, myelofibrosis
- Myeloid malignancy and pre-cancer: LMA, MDS
- Lymphoproliferative disorders: ALL, non-Hodgkin's lymphoma, multiple myeloma, CLL
- Hemostasis and thrombosis: DIC, fibrinolysis, platelet hyperaggregation, ATIII deficiency hypercoagulation, protein C/S deficiency, hyperfibrinogenemia, antiphospholipid syndrome, hemophilia A and B, von Willebrand disease, venous and arterial thrombosis, pulmonary embolism
- Immunohematology of transfusion: major and minor incompatibility, rare antigen/antibody, acute/late transfusion reaction including prevention, safe and rational blood transfusion, massive blood transfusion
- General oncology: carcinoma of the breast, gynecology, lung, nasopharynx, colorectal, thyroid, urogenital, skin, head and neck, osteosarcoma, soft tissue tumors

- Medical oncology: supportive therapy in cancer patients, myelosuppressive effects such as neutropenia, leukopenia and thrombopenia, blood transfusion, pain management and nutrition and gastrointestinal disorders in cancer patients
- Standard chemotherapy
- Chemotherapy side effects

g.2. Skills, either as an observer, assistant or independent which include:

- Phlebotomy
- Peripheral blood smear
- Chemotherapy
- Hemostasis
- Bone marrow cytology
- Cytochemistry
- Blood type
- Cross matching
- BMP
- Bone marrow biopsy

h. Rheumatology Subdivision

h.1. Knowledge includes:

- Rheumatoid arthritis
- Juvenile chronic arthropathy
- crystal arthropathy: gout, pseudogout, others
- Seronegative spondyloarthropathies: ankylosing spondylitis, psoriatic arthritis, Reiter's Osteoarthritis
- Osteoporosis
- Inflammatory connective tissue diseases: scleroderma, Sjogren's, poliomyositis, dermatomyositis, systemic lupus erythematosus/SLE
- Fibromyalgia
- Vasculitis
- Septic arthritis
- Some abnormalities due to sports injuries
- Non-articular rheumatic diseases

h.2. Keterampilan, baik sebagai observer, asisten atau mandiri yang meliputi:

- Aspirasi cairan sendi
- injeksi intraartikular

i. Geriatrics Subdivision

i.1. Knowledge includes:

- Plenary assessment of geriatric patients
- Immobilization in old age
- Postural instability and falls
- Urinary incontinence
- Alvi Incontinence
- Mild Cognitive Impairment
- Vascular Cognitive
- Impairment Alzheimer's dementia
- Vascular dementia
- Other Types of Dementia
- Depression
- Visual disturbances
- Hearing loss
- Swallowing disorders
- Constipation
- Malnutrition
- Impunity
- Iatrogenic
- Polypharmacy
- Sleep disturbance
- Sexual dysfunction in old age
- Sarcopenia
- Frailty
- Delirium
- Cerebrovascular disease
- Osteoporosis

- Chronic pain
- Heart failure
- Hypertension
- Dizziness
- Syncope
- COPD
- Pneumonia
- Hypothyroid
- Hyperthyroid
- Type 2 DM
- Urinary Tract Infection
- Coronary Heart Disease
- Osteoarthritis
- Prostatic hyperplasia
- Parkinson's disease
- Body impedance analysis check
- Knee height measurement
- Balance check
- Decubitus wound care
- Bone Densitometry Interpretation
- Perioperative management of geriatric patients

i. Allergy and Immunology Subdivision

i.1. Knowledge includes:

- Anaphylactic reaction
- Drug allergy
- Adverse events after immunization
- Food allergies
- Allergic rhinitis
- Acute urticaria
- Chronic urticaria
- Angioedema

- Atopic dermatitis
- Allergic contact dermatitis
- Bronchial Asthma
- severe acute asthma
- SLE mild to moderate
- Antiphospholipid syndrome (APS)
- Graft versus host response
- Allograft rejection
- Major and minor antigen histocompatibility
- Hyper IgE Syndrome
- Pneumoconiasis
- SLE with vital organ involvement or special circumstances
- Sjögren's syndrome
- Small vessel disease (Takayasu arteritis, temporal arteritis)
- Moderate vascular disease (polyarteritis nudosa, Kawasaki disease)
- Great vessel disease (Weener's granulomatosis, churg-strauss syndrome, microscopic polyarteritis, Henoch-Schonlein purpura, essential cryoglobulinemic vasculitis, leukocytoclastic cutaneous angitis)
- Lung, kidney, and myoprotein immunologic diseases
- Perioperative management of patients with clinical immunologic allergic disorders

h.2. Skills, either as an observer, assistant or independent which include:

- Prick test
- Drug skin test
- Spirometry
- Adult vaccinations
- Patch test
- Drug provocation test
- Food provocation test
- Bronchial provocation test
- Immunotherapy (sublingual, subcutaneous)

k. Psychosomatic Subdivision

i.1. Knowledge includes:

- Overall anxiety disorder / General
- Anxiety Disorders (GAD)
- Panic disorders
- Mixed disorder of anxiety-depression
- Reactions to severe stress and adjustment disorders
- Post-traumatic stress disorder (PTSD)
- Agora Phobia, Social Phobia, Specific Phobia
- Somatoform disorders
- Depression
- Irritable colon syndrome
- Functional dyspepsia
- Fatigue disorders
- Chronic fatigue syndrome
- Fibromyalgia
- Psychogenic Wins
- Cardiac neurosis
- Hyperventilation syndrome
- Sleep disorders
- Drug breakup syndrome and overdose in NAPZA users; complications, therapy and rehabilitation
- Tension headaches
- Erectile dysfunction and psychogenic sexual dysfunction
- Vegetative autonomic nerve imbalance
- Low back pain
- Functional heart disorders
- Obsessive compulsive disorder

A. Final Material (Phase III)

A. Length of Education: minimum 12 months
B. Types of activities in phase III include:

Psychomotor and affective activities include medical services in outpatient and inpatient rooms according to SOPs:

- a. Medical interview
- b. Physical examination
- c. Treatment planning

Independent activities consist of:

- a. Overseas assignments
- b. Internal polyclinic duties
- c. Duties as chief of the inpatient room
- d. Consul duties between departments
- e. Guard duty II

Make a reference for 1 (one) topic

Take the national professional exam (Board exam)

Carry out research

Participate in scientific activities in the
Guiding clerkship students in the room
Complete portfolio

CHAPTER V

EDUCATION IMPLEMENTATION

A. Flow Pattern of Education Implementation

The IPD Study Program is an educational program that follows a credit system with a study load measured in semester credit units. The learning strategy is carried out with an active, independent and supervised learning system.

Various alternative paths for implementing education can be applied, but by taking into account the rules of education and the possibility of implementation based on available resources, one of the following implementation paths can be used as a reference.

Phase I:

At this stage, Program Participants get various academic activities since the beginning of their studies in semesters 1 and 2.

PPDS Phase I Tasks:

- Create and fill out medical documents
- Making history
- Perform routine physical examination
- Establish a working diagnosis
- Designing follow-up examinations
- Designing initial treatment

Phase II:

During this period, Program Participants can focus on activities in sub-disciplines and generally take the form of activities as assistant supervisors for sub-disciplines and various outpatient management activities. It is hoped that the thesis submission will be done at the end of phase II.

PPDS Phase II Tasks:

- Confirm and provide advice on management or action according to the sub-discipline experienced by the patient.
- Performing special/subspecialistic procedures/actions
- All activities are supervised and supervised directly by subdivision staff.

Phase III:

At this stage, Program Participants conduct comprehensive and complete professional training. At this stage, program participants can conduct various professional trainings not only at the Main Education Hospital but also at the Mitra Hospital.

PPDS Phase III Tasks:

- Cooperating with PPDS Phase I and II in handling cases
- Determine the patient to move or go home.
- Perform diagnostic and/or therapeutic procedures/actions on patients.

A. Forms of Educational Implementation

Activities Broadly speaking, the groups of activities in the implementation of education are divided into:

1. Academic Activities
2. Professional Training
3. Ko and Extra-Curricular Activities

Academic activities

Basically academic activities have started immediately after PPDS entered education, namely with the achievement of MDU and MDK in semester 1 and MKU and MKK in semester 2 and so on. Generally, the activities are:

1. Scheduled face-to-face activities
2. Unscheduled face-to-face activities

At the end of phase I, PPDS has obtained solid basic academic skills and has brought 5 reports of death or problem cases and Read Libraries of at least 1 title, then continued with the preparation of Reading Libraries of at least 3 titles and case reports of at least 1 in phase II, and has completed a research proposal. Thus, in phase III it is hoped that the thesis writing can be completed and at the end of phase III can defend the thesis in front of the Examiner Board.

Academic Application Material

I. Death and Problem Case Reports

Reports of death cases and problem cases are academic activities in the form of presenting a report of a death case or problematic case to be discussed in a scientific forum.

Aim

- Gain the ability to compile a case of death or a problem case in a case presentation paper according to a standard procedure.
- Gain the ability to present death cases or problematic cases in scientific forums.
- Exploring the substance of the case

Number of Activities

Present at least 5 cases of death and/or problem cases, in the form of Power Point presentations in English.

II. Reference/Library Review

Referral is an academic activity by extracting several relevant scientific papers into one topic of discussion in the form of writing a scientific essay (review article).

Aim

- Gain the ability to select a variety of quality scientific papers for abstraction.
- Gained the ability to apply critical appraisal of several scientific papers to get conclusions.
- Gain the ability to write summaries of various scientific papers into one new scientific paper.

Number of Activities

Bring a maximum of 4 referat titles during the education period

III. Case Presentation/Case Report

Case presentation is an academic activity in the form of presenting a case to be discussed in a scientific forum.

Aim

- Gain the ability to compile one case in a case presentation paper according to a standard procedure.
- Gain the ability to present cases in scientific forums.
- Explore the substance of the case.

Number of Activities

Bring at least one case report during the education period

IV. Journal Reading

Journal reading is an academic activity through the discussion of scientific papers in front of the forum.

Aim

- Get the ability to analyze scientific problems critically (critical appraisal) according to standard procedures, so as to get conclusions about the weight (quality of writing) of the paper and the substance contained in it.

Number of Activities

At least 15 journal readings are carried out during the education period.

V. Community Service Activities

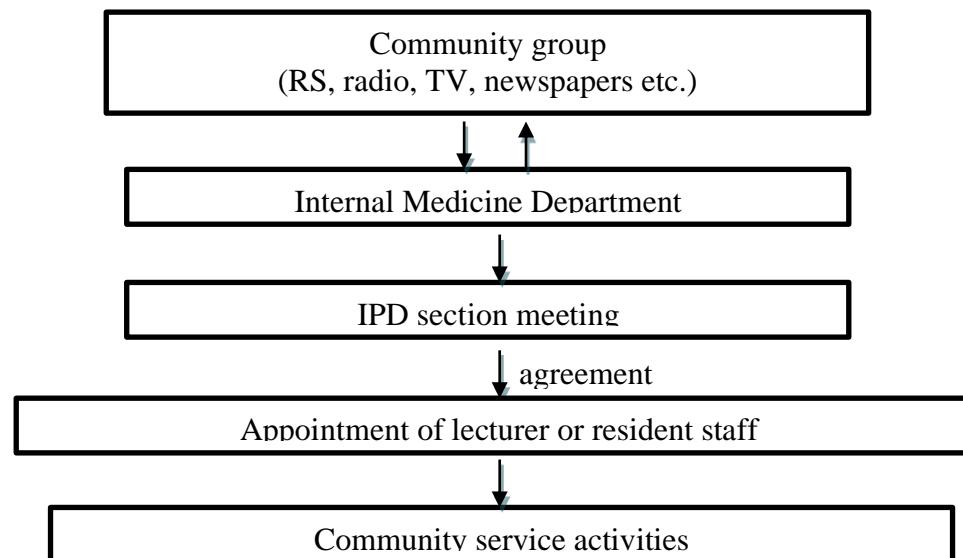
a. Routine Activities:

- 1) Sending participants of the Specialist-I Medical Education Program to hospitals in areas that already or do not have internal medicine specialists who require cooperation with the Internal Medicine section of the Hasanuddin University Faculty of Medicine.
- 2) Sending internal medicine specialists in outreach activities on local electronic media (TV/radio/newspapers) and to regional hospitals that require cooperation with the Internal Medicine section of the Hasanuddin University Faculty of Medicine.

b. Incidental Activities:

Sending expert doctors and or participants of the Specialist-I Medical Education Program as part of the Hasanuddin University medical team on special events or natural disasters.

Standard Procedures for Community Service Activities



VI. Research proposal

A research proposal is an academic activity that is planned and arranged according to scientific writing rules so that it can be used as a guide for conducting research for thesis writing.

Aim

- Applying research methodology
- Gain experience and skills in writing scientific research proposals
- As a basis for conducting scientific research for thesis writing in the next stage

Program Participants

- Program participants who have reached stage II and have read at least 3 references
- Research proposal writing is completed before entering stage III

Advisor

Similar to the literature, supervisors can be appointed previously or who have been authorized to give the title of the research that has been determined by the Head of the Section with a decree.

Advisor Tasks

- Monitor the making of research proposals
- Provide motivation, guidance and direction and if necessary reprimand for improvement
- Conduct scheduled consultation discussions with PPDS
- Monitoring the implementation of the proposal making, if within 3 months PPDS there is no progress in making the proposal, the supervisor can call the PPDS and report it to the Education Organizer
- Supervisor as well as member of the proposal review board

Research Proposal Writing

- Participants determine a research problem obtained from the results of the literature review to be discussed with the supervisor
- Determining the research problem for which the proposal will be discussed with the supervisor by considering the feasibility in terms of research methodology, time and cost
- The research proposal must be completed and ready to be assessed no later than the end of phase II

Appraisal Committee

- The research proposal evaluation committee consists of a minimum of 7 (seven) senior teaching staff including supervisors
- If necessary, according to the subject of the research proposal, assessors can be requested from outside the Education Center itself
- The Chair and members of the Assessment Committee are appointed by the Head of the Section with a SK

Research Proposal Assessment

- Assessment of methodology and substance includes a writing framework, problems to be researched, research objectives, theoretical framework used, research approaches and methods including analytical tools to be used and relevant literature
- Assessment of research feasibility and readiness of program participants to conduct research (feasibility study) including the length of the research
- Assessment of research proposals is primarily intended to provide input to PPDS in improving the proposal

Research Proposal Assessment Results Determine:

- Research proposal accepted without revision
- Research proposal accepted with improvements
- Research proposals cannot be accepted and repeated because:

- The research proposal is not eligible to be submitted and or
- Program participants are not ready to do research

Research Proposal Improvement

- The research proposal must be revised no later than 3 (three) months after the first assessment
- Improvements to the research proposal must be carried out in accordance with the input provided by the Assessment Committee Program participants are required to submit a revised research proposal in accordance with the established procedures and conditions.

VII. Research Implementation

The implementation of research is an academic activity that uses scientific reasoning and meets the methodological requirements of the IPD discipline. PPDS participants submit a title design to the research coordinator, then the research coordinator determines the research supervisor. After being consulted with the supervisor, PPDS participants submitted a research proposal, then submitted permission to the FKUH ethics committee. The research was carried out after being approved by the ethics committee, then the research results were brought to the IPD section and published.

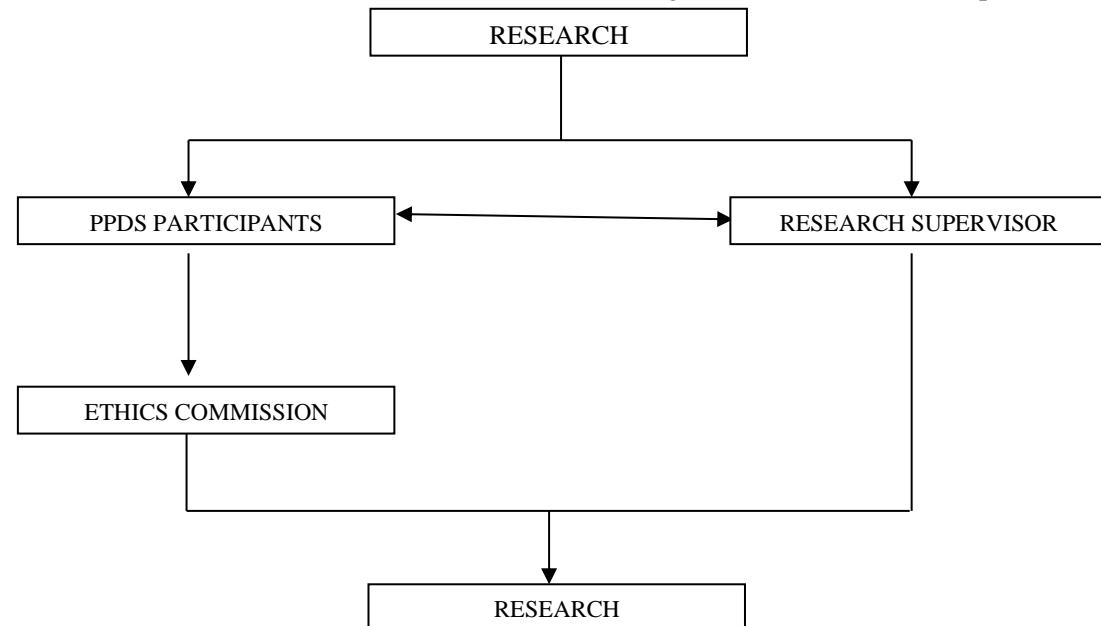


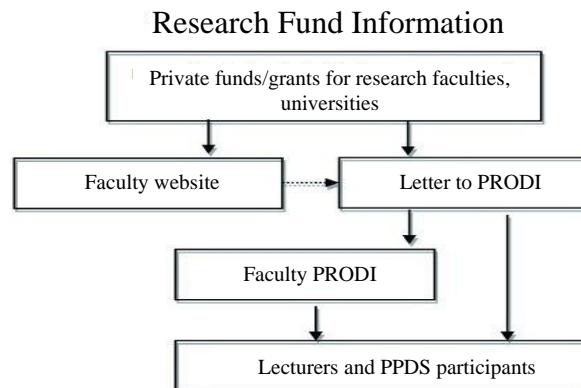
Figure 3. Regular procedures for implementing education

General Requirements:

- Research uses quantitative or qualitative methods or both
- As soon as the research proposal is passed, the research can be carried out.
- If within three months the participant cannot show progress in research and thesis writing, KPS together with the supervisor will evaluate the results as an effort to resolve. The Head of the Study Program may summon the participant concerned and/or ask for a written explanation. If deemed necessary, the KPS may decide that the guidance should be transferred to another supervisor

Research Fee

- Research costs are fully borne by PPDS
- The IPD-FKUH section helps research in the form of materials and makes it easy to get sponsors



Research funds are obtained from the private sector and delivered to the lecturers and participants of PRODI through the website media and letters to the PRODI which will also be submitted to the lecturers and participants of the Study Program.

VIII. Thesis

Thesis writing is an academic activity by processing the results of research activities in the form of a conceptual theoretical paper based on data analysis as one of the requirements in completing a study program.

General requirements

- Thesis is written in Indonesian with abstracts in Indonesian and English
- The thesis writing load is 8-10 credits including research proposal seminars and or research results seminars

- The thesis that has been completed and approved by the supervisor is reported to the KPS to schedule the exam

Examiner Board

- The thesis examiner board consists of a minimum of 7 (seven) teaching staff including supervisors, the same as the examiners of research proposals
- If necessary, in accordance with the subject matter of the Thesis, members of the Examiner Board can be requested from outside the Education Center itself
- The chairman and members of the Board of Examiners are appointed by the Head of the Section by decree

Thesis Assessment

Seminar Exam

- Held at the Scientific Forum Section IPD
- Assessment is carried out by the Board of Examiners
- The Board of Examiners is chaired by the Chair of the Session who also acts as an examiner. The task of the Chair of the Session is to regulate the course of the examination.
- The duration of the Thesis exam is approximately 2 hours
- Examination assessment includes the content and weight of the thesis, oral presentation, the ability of participants to answer questions, and the ability to defend the contents of the thesis and opinions, as well as use good language
- The assessment of the thesis includes the authenticity of the thesis, the weight of the problems raised, the benefits of the research, the research methodology, the accuracy of the data collection and analysis method, the method of writing including the preparation of the literature, the presentation of the results, and how to draw conclusions.

Seminar Exam Results

I. Pass

- Passed directly without repair
- Pass with conditions, namely the participant is declared to have passed but still has to make improvements or changes to the thesis.

This includes technical improvements and changes to writing, deletion or addition of writing. For the revision of the thesis, 1-3 months are given, depending on the number of changes made. For theses that have been corrected, no re-examination will be held.

II. Not pass

- Did not pass but can improve his thesis and take the re-examination within a maximum of 3 months
- No absolute pass. Unable to repeat thesis and declared dropout

Assessment Format

Participant name : Presentation type :	Date :	Title :		
I. Presentation Method	SCORE			
	85-100	75-84	70-74	<69
1. Voice 2. Gaya 3. Audio-visual 4. Bahasa Inggris	Very clear	Clear	Enough	Not clear enough
	Very good	Good	Enough	Not good enough
	Very satisfied	Satisfied	Satisfied enough	Not satisfied
	Very good	Good	Enough	Not good enough
Score I = x 30% =				
II. TEXT	SCORE			
	85-100	75-84	70-74	<69
1. Preliminary 2. Contents 3. Discussion 4. Conclusion	Very good	Good	Good	Not good enough
	Very good	Good	Good	Not good enough
	Very good	Good	Good	Not good enough
	Very good	Good	Good	Not good enough
Score II = x 40% =				
III. Maintaining Presentation	Very firm	Firm	Firm enough	Not firm enough
	Score III = x 30% =			
Average score = $\frac{I + II + III}{100}$ =				
Makassar,				
Number	Quality Value	Bookmark	Interpretation	
90-100	4,00	A	Very good	
85-89	3,75	A-		
80-84	3,50	B+	Good	
75-79	3,00	B		
70-74	2,75	B-	Enough	
65-69	2,50	C+	Deficient	
60-64	2,00	C		
50-59	1,75	C-		
45-49	1,00	D	Very deficient	
0-44	0,00	E		
*NBL: 70				
2,70				
B-				
Enough				

Figure 4. Example of a scientific assessment format

CHAPTER VI
RECRUITMENT OF PARTICIPANTS
DOCTOR EDUCATION PROGRAM FOR INTERNAL DISEASE SPECIALISTS

A. Flow of prospective student admissions.

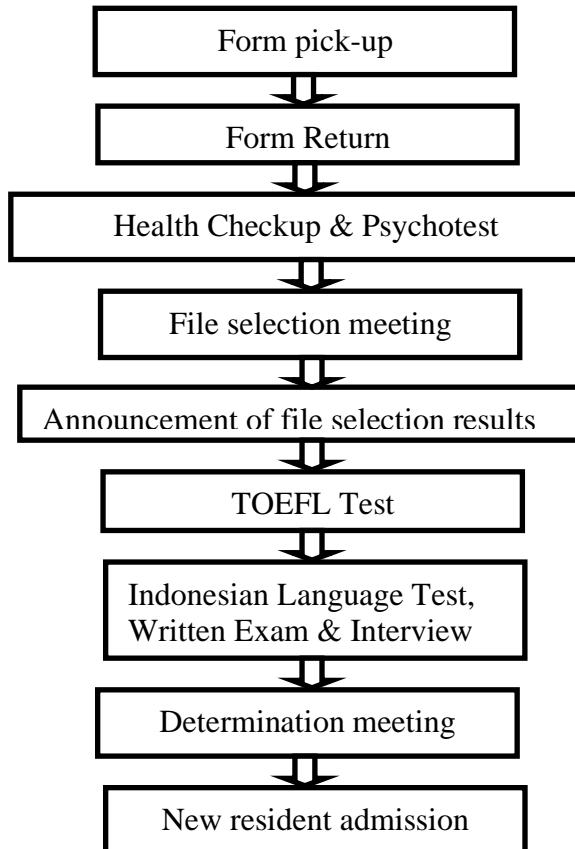


Figure 5. Flowchart of acceptance of prospective students

Information :

Point 1: The form can be taken directly at the TK PPDS FK UNHAS secretariat or online through the website <https://regpmb.unhas.ac.id/>

Point 2: What must be completed are:

1. Photocopy of S1 and Professional diplomas that have been legalized
2. Photocopy of transcripts of preclinical grades for Academic (S.Ked) and Clinical Registrars that have been legalized and not converted transcripts.
3. Curriculum Vitae
4. For PNS Doctors, Photocopy of the last legalized SK and Employee Card
5. Photocopy of proof of passing the competency test and STR from KKI. And for STR which is in the process of being extended, it must attach a document receipt from KKI.
6. Certificate of completion of the internship from the Hospital or from the Indonesian Doctors Internship Committee for doctors who graduate after the internship program is carried out.
7. Certificate of post-internship clinical experience at least 6 (six) months or 1 year and 6 months for doctors who graduated before the internship program was implemented.
8. Certificate of active work signed by direct supervisor for those who are actively working.
9. Attach Lam-PTKes/BAN-PT accreditation certificate for S1 Program, Profession and University of origin.
10. Written recommendation from ;
 - a. IDI last assignment,
 - b. Structural officials/direct superiors;
 - c. Colleagues/other specialists from the study program you are interested in.
11. One sheet of 4x6 color photo
12. Registration fee : Rp. 600,000, - (Six Hundred Thousand Rupiah)
13. Statement letter not currently attending other formal education (stamped).
14. Permit to continue education from husband/wife/parents (stamped).
15. Certificate of leave from the university, if during the doctor's education period they were on leave.

Point 3: Health checks are carried out at RSWS (Wahidin Sudirohusodo Hospital) Makassar or Hasanuddin University Hospital.

Point 5 : Hasil seleksi berkas dapat dilihat secara langsung di sekretariat PPDS
atau online melalui <https://regpmb.unhas.ac.id/>

Point 6: The TOEFL test is conducted at the UNHAS language center or online

Point 7 : The Indonesian language test and written test are carried out at the place provided by the committee organizers while the interview exams are carried out in their respective sections

Point 8: The determination meeting is held in each division, it is closed by the admissions selection team based on Dean's Decree

Point 9 : Acceptance of new PPDS participants

B. Administrative and academic requirements of prospective students

1. Administrative Requirements:

- Doctor with a doctor's professional certificate recognized by the government.
- STR (registration certificate) and general practitioner competency certificate
- Age at the start of specialist medical education < 36 years (the date the file was made), except for certain considerations or when it is urgently needed can be tolerated 1 – 4 years. **(If you do not meet this requirement, it will be rejected immediately).**

Special Administrative Requirements:

- Emergency Training Certificate / EIMED (Emergency in Internal Medicine)/IMEC Basic
- Not suffering from Active Chronic Hepatitis

2. Administrative Requirements:

1. Photocopy of S1 and Professional diplomas that have been legalized
2. Photocopy of transcripts of preclinical grades for Academic (S.Ked) and Clinical Registrars that have been legalized and not converted transcripts.
3. Curriculum Vitae
4. For PNS Doctors, Photocopy of the last legalized SK and Employee Card
5. Photocopy of proof of passing the competency test and STR from KKI. And for STR which is in the process of being extended, it must attach a document receipt from KKI.
6. Certificate of completion of the internship from the Hospital or from the Indonesian Doctors Internship Committee for doctors who graduate after the internship program is carried out.
7. Certificate of post-internship clinical experience at least 6 (six) months or 1 year and 6 months for doctors who graduated before the internship program was implemented.
8. Certificate of active work signed by direct supervisor for those who are actively working.

9. Attach Lam-PTKes/BAN-PT accreditation certificate for S1 Program, Profession and University of origin.
10. Written recommendation from ; a. IDI last assignment, b. Structural officials/direct superiors; c. Colleagues/other specialists from the study program you are interested in.
11. One sheet of 4x6 color photo
12. Registration fee : Rp. 600,000, - (Six Hundred Thousand Rupiah)
13. Statement letter not currently attending other formal education (stamped).
14. Permit to continue education from husband/wife/parents (stamped).
15. Certificate of leave from the university, if during the doctor's education period he was on leave.

3. Academic Requirements

- Achievement Index for Undergraduate Education Programs and Professional Education Programs > 2.75
- TOEFL > 450 and TOEFL tests are conducted simultaneously in FK-Unhas (except for other sections that require higher scores).
- General practitioner education period < 1 $\frac{1}{2}$ n

C. Selection Stage

Each prospective PPDS participant is required to follow all the stages of selection as follows:

1. Seleksi Administrasi
 - Complete administrative requirements
2. Academic Selection
 - Written test to assess the cognitive ability and reasoning ability of the candidate by means of Multiple Choice Question (MCQ), Short Answer Question or case simulation. The materials tested include:
 - General medical knowledge
 - Knowledge related to knowledge in the specialist area of interest.
 - Indonesian
3. Health and Psychology
 - Medical tests are carried out by a team of doctors at RSUP Dr. Wahidin Sudirohusodo Makassar or Hasanuddin University Hospital including tests for drugs, HIV.

- Psychological tests were carried out by a team from the Mental Health Department of the Psychiatry Department, Hasanuddin University.

Table 1. Weighting of assessed components

No	Component	Classification	Score	Load	Value
1	Period of education of bachelor degree	On time Late	2 1	10	
2	GPA	>3,5 >3-3,5 >2,75-3 2,5-2,75	4 3 2 1	5	
3	Value of courses in the appropriate study program at the bachelor's degree	A B C	3 2 1	10	
4	Scientific work	Scientific research Popular Scientific Works	3 2 1	5	
5	Writing Exam	>80 >70-80 >60-70 <60	4 3 2 1	20	
6	Indonesian	>80 >70-80 >60-70 <60	4 3 2 1	20	
7	English (TOEFL or TOEFL like)	550 >500-550 >450-500 >450 <450	4 3 2 1	5	
8	Psychotest	Recommended Recommended with note Not Recommended	3 2 1	10	
9	Interview result	Very suggested Suggested Not suggested/rejected	3 2 1	20	

10	Origin	Regional Representative P.N.S/After PTT TNI/Polri Private Entity Private Individual Not yet PTT	6 5 4 3 2 1	5	
11	Place of Duty	Isolated Outside Java/Bali/Big City Java Bali	3 2 1	10	
12	Faculty Origin	Country Private	2 1	5	
amount					

4. Interest Selection

The interview test was conducted by the PPDS Manager of each Study Program of the IPD FK UNHAS Section. At the interview can be assessed:

- Professional Appearance / Behavior
- Motivational digging
- Communication skills (Discussion, in Indonesian)
- Progress and efforts to develop science
- Economic readiness during the educational process

BAB VII
ACADEMIC ADMINISTRATION PROGRAM INTERNAL MEDICINE SPECIALIST PROGRAM

A. Payment for Education Implementation (SPP)

SPP is a fee that must be paid by students to UNHAS based on the Rector's Decree number: 653/JO4/P/2006 which will be deposited to the TKP-PPDS FKUH through the Savings Bank. The tuition fee that must be paid by participants of the internal medicine specialist program is Rp. 10,150,000 per semester

B. Insurance Profession

Participate in Profession Insurance while undergoing specialist program education.

C. Filling in the Study Plan Card

Every participant of the new/old internal medicine specialist program FK Unhas is required to fill out a Study Plan Card (KRS) at the beginning of each semester which has been prepared by the TKP-PPDS which is signed by the Academic Supervisor, Head of Study Program, Head of Section, Head of TKP-PPDS FK Unhas.

D. Study Implementation

1. Length of Education

Length of Education: minimum 4 years, maximum $2n + 1$ study period (9 years)

2. Educational Activities

Educational activities are pursued through:

- Seminars, refarats, case reports, death case reports, journal readings
- Self-study and electronic scientific browsing
- Practicum, guard duty, division station duty
- Management practices (leadership, organizing, planning, quality improvement, etc.).
- Guiding and teaching

3. Educational facilities and supporting facilities

The main educational facilities are UNHAS Education Hospital, Dr. Wahidin Sudirohusodo Makassar and several partner/educational referral hospitals.

The supporting facilities are the facilities or supporting facilities used during the educational process in an effort to achieve the educational goals or abilities set by the curriculum. Supporting

facilities can be owned and managed by the Internal Medicine Specialist Program or owned by other departments/agencies. Supporting facilities include lecture halls, audiovisuals, teaching aids, educational packages in the form of: slides, videos, laboratories, libraries, computers and the internet.

4. Study Result Card

Study Result Card (KHS) will be given no later than 2 weeks after completion of the evaluation of the learning process followed.

CHAPTER VIII
ASSIGNMENT, RESPONSIBILITIES, OBLIGATIONS, AND RIGHTS
PARTICIPANTS OF INTERNAL DISEASE DOCTOR EDUCATION PROGRAM

I. ASSIGNMENT AND RESPONSIBILITIES

During the education period in the Internal Medicine Specialist Study Program, the student go through 3 phases. Each phase has its own assignment, responsibilities, and obligations.

I.1. Phase I (Number of Credits: 34 Credits)

The length of education is 2 semesters (minimum 12 months) with the main tasks during this phase as follows:

1. Medical ward
2. Dokter on duty I
3. General internal skills/knowledge education
4. Death reports / case problems
5. Co-ass guidance
6. Participate and be active in every scientific activity carried out by the
7. Other assignments from supervisor
8. Read 5 journals and 1 referat
9. Mini-CEX, CbD and DOPS
10. Phase I Exam

Description :

1. As a visite doctor the room in the internal care ward who holds several patients and is responsible for the continuity of the patient's therapy he holds.
2. As an on duty doctor in the internal care ward during outside office hours.
3. Some of the general internal skills and knowledge that must be mastered by PPDS-IPD-FKUH phase I participants are as follows:
 - A. Psychomotor and effective activities, namely field work for medical services in inpatient rooms according to SOPs
 1. Medical interview
 2. Physical examination
 3. Treatment planning

B. Mastering the pathogenesis and pathophysiology:

1. Febris
2. Dehydration
3. Edema and ascites
4. Jaundice
5. Hematemesis and melena
6. hemoptysis
7. Lung dam
8. Oligouria and anuria
9. Shock
10. Impaired consciousness
11. Disorders of electrolyte and acid-base balance
12. Bleeding and clotting disorders
13. Congestive heart failure
14. Heart rhythm disturbances
15. Drug and food intoxication

1. While on duty on the internal care ward during phase I, the patient is charged with submitting five death reports and/or case reports.
2. While serving in the internal care ward, the ward doctor guides the co-assistant in history taking, physical examination, and general internal knowledge.
3. Actively participate in every scientific activity carried out by the section, including scientific events reading death reports, case reports, referrals, and lectures delivered at the IPD Section.
4. Carry out and complete other / additional tasks from the IPD Section supervisor.
5. During phase I, PPDS participants are required to read 5 journals and 1 referat.

I.2. Phase II (Number of Credits : 70 Credits)

The length of education is 4 semesters (minimum 24 months) with the main tasks during this phase as follows:

1. Assigned to each subdivision
2. Doctor on duty in private hospital
3. Skills/knowledge education per subdivision
4. Answering the subdivision consul (known to the supervisor) and follow-up of subdivision patients in the room
5. Ko-ass guidance in the room
6. Participate in scientific activities from each subdivision

7. Participate and be active in every scientific activity carried out by the
8. Carry out the tasks assigned by each subdivision
9. Read 10 journals and 5 references and/or case reports
10. Mini-CEX, CbD and DOPS exams
11. Phase II Exam

Description :

1. In phase II, PPDS participants in the IPD Section work in subdivisions according to the rolling cycle schedule, 2-3 months each for each subdivision. Subdivisions in the IPD Section, including:
 1. Cardiology subdivision (10 credits)
Some of the materials that must be mastered during this subdivision include: heart disease due to anemia, hypertension, atherosclerosis, hyperthyroidism, DM, CKD, COPD; rheumatic heart disease, idiopathic and peripartum cardiomyopathy; acute myocardial infarction; congenital heart disease; heart rhythm disturbances.
 2. Gastroenterohepatology subdivision (10 credits)
Some of the materials that must be mastered during this subdivision include: liver disease; diseases of the esophagus, stomach and duodenum; gallbladder disease; pancreatic disease; colon disease.
 3. Endocrine and metabolic subdivision (8 credits)
Some of the materials that must be mastered during this subdivision include: type 1 DM and type 2 DM; diseases of the thyroid and parathyroid glands; adrenal disease; pituitary disease; and obesity.
 4. Hypertensive kidney subdivision (8 credits)
Some of the materials that must be mastered during this subdivision include: complicated UTI; acute / chronic obstructive nephropathy; gouty nephropathy; diabetic nephropathy; geriatric nephropathy; chronic kidney failure; acute renal failure; essential and secondary hypertension.
 5. Pulmonology subdivision (10 credits)
Some of the materials that must be mastered during this subdivision include: lung infectious diseases; bronchial asthma; bronchial and lung neoplasms; pneumothorax; COPD / emphysema.
 6. Tropical infection subdivision (8 credits)
Some of the materials that must be mastered during this subdivision include: Salmonellosis; Shigellosis; intestinal amebiasis; leptospirosis; DHF; HIV.
 7. Medical oncology hematology subdivision (8 credits)

Some of the materials that must be mastered during this subdivision include: erythropoietic system diseases; clotting and platelet diseases; leukocyte disease; acute and chronic leukemia; medical oncology.

8. Rheumatology subdivision (8 credits)

Some of the materials that must be mastered during this subdivision include: SLE; arthritis; osteoarthritis; osteoporosis; scleroderma; ankylosing spondylitis; extra-articular rheumatic pain; intra-articular aspiration and injection procedures; analysis and interpretation of joint fluid; interpretation of immunological examinations in the field of rheumatology.

9. Geriatric subdivision (4 credits)

Some of the materials that must be mastered during this subdivision include: Plenary assessment of geriatric patients Immobilization in the elderly, Postural instability and falls, Urinary incontinence, Alvi Incontinence, Mild Cognitive Impairment, Vascular Cognitive Impairment, Alzheimer's Dementia, Vascular Dementia, Other Types of Dementia, Depression, Visual disturbances, Hearing impairment, Swallowing disorders, Constipation, Malnutrition, Impecunity, Iatrogenic, Polypharmacy, Sleep disorders, Sexual dysfunction in the elderly, Sarcopenia, Frailty, Delirium, Cerebrovascular disease, Osteoporosis, Chronic pain, Heart failure, Hypertension

10. Subdivision of allergy and immunology (4 credits)

Some of the materials that must be mastered during this subdivision include: Anaphylactic reactions, drug allergies, Adverse events after immunization, food allergies, allergic rhinitis, acute urticaria, chronic urticaria, angioedema, atopic dermatitis, allergic contact dermatitis, bronchial asthma, severe acute asthma, Mild to moderate SLE, Antiphospholipid syndrome (APS), Graft versus host response

11. Psychosomatic Subdivision (2 Credit Points)

Some of the materials that must be mastered during this subdivision include: Overall anxiety disorder / General, Anxiety Disorders (GAD), Panic disorders, Mixed disorder of anxiety-depression, Reactions to severe stress and adjustment disorders, Post traumatic stress disorder (PTSD), Agora Phobia, Social Phobia, Specific Phobia

2. PPDS Participant IPD who served in the subdivision, got the task of guarding a private hospital.
3. Each PPDS Participant of the IPD Section must be able to master the special skills and knowledge of the subdivisions he goes through.
4. The PPDS Participant of the IPD Division who is in charge of the subdivision answers the known subdivision consul and is consulted with the supervisor. Then do a visit and follow-up of the same patient or patients who require subdivision monitoring.

5. While serving in the internal care ward, the ward doctor guides the co-assistant in history taking, physical examination, and subdivision knowledge.
6. Actively participate in every scientific activity carried out by the subdivisions, including regular weekly meetings and journal reading.
7. Every PPDS participant on duty in the subdivision, is still obliged to follow and be active in every scientific activity carried out by the section.
8. Complete every task assigned by each subdivision.
9. While in the renal subdivision of hypertension, pulmonology, tropical infection, hematology, medical oncology, and rheumatology, you are required to read at least 1 journal reading for each subdivision. Meanwhile, while in the cardiology, metabolic endocrine, and gastroenterohepatology subdivisions, you are required to read at least 2 journal readings for each subdivision. While in phase II, PPDS participants are required to read 3 titles of references and/or case reports before moving on to phase III.

I.3. Phase III (Number of Credits: 46 Credits)

1. Consultant doctor / chief of the room and between sections
2. Doctor on duty II and guard the emergency room
3. Education skills / knowledge in the field of internal medicine
4. Follow up / visit the patient in the room and the patient cooperates
5. Ko-ass guidance in the room
6. Participate and be active in every scientific activity carried out by the
7. Read 1 reference, research proposal, and research report
8. Carry out the tasks assigned by the supervisor

Description :

1. As chief of the room or consulting doctor in the internal care ward for 1-2 cycles, followed by inter-departmental consultant doctors who answer consuls from other departments to the IPD Section.
2. As a doctor on duty II or a consultant doctor for the internal treatment room and emergency room during guard hours outside of official time.
3. Each PPDS IPD Participant must master skills and knowledge in the field of internal medicine.
4. Conduct patient visits/follow-ups in rooms under their responsibility and patients cooperate with other departments.

5. While on duty in the internal care ward, the ward doctor guides the co-assistant in history taking, physical examination, and general internal knowledge, as well as guiding in reading case reports and referrals.
6. Actively participate in every scientific activity carried out by the section, including scientific events reading death reports, case reports, referrals, and lectures delivered at the IPD Section.
7. PPDS phase III participants are required to read 1 title of reference, research proposal / thesis, and research report / thesis.
8. Carry out and complete other / additional tasks from the IPD Section supervisor.

SCIENTIFIC TASK

Scientific tasks while in the IPD Section consist of:

1. 5 references and/or case reports
2. 15 journal reading
3. 1 time national scientific presentation
4. 1 piece of research work / thesis

II. OBLIGATIONS OF INTERNAL DISEASE PPDS PARTICIPANTS

1. Obey the doctor's oath and the Indonesian Medical Code of Ethics.
2. Understand, appreciate, and practice the materials of the Law of the Republic of Indonesia No. 23 of 1992 concerning Health, especially Chapter X which contains criminal provisions.
3. Understanding, living, and practicing the Law of the Republic of Indonesia No. 29 of 2004 concerning Medical Practice.
4. Applying the rules: The Service Process is as Important as the Education Process.
5. Prioritizing the interests of patients and not harming patients while providing services, especially those related to the interests of education and research.
6. Have STR and SIP at the Education Hospital and its Network and submit it to the education and research department.
7. Comply with regulations / rules / mechanisms that apply within the Education Hospital and its Network.

III. PPDS PARTICIPANT RIGHTS IN INTERNAL DISEASE DEPARTMENT

1. Get the same treatment
2. Get a certificate of competence for each phase increase during the education period in the IPD Section.
3. Right to leave

CHAPTER IX LOG BOOK

A log book is a book used by PPDS to record every activity during education.

After completing each activity, both academic activities, professional training, and extra-curricular activities, PPDS must record these activities in their respective Log Book and be signed by the relevant staff.

A. Benefits of Log Book

- Help PPDS record every activity carried out with the aim of knowing the deficiencies that occur and planning additional activities to cover these deficiencies.
- Assist Supervisor in assessing PPDS activities in order to provide additional activities for the PPDS concerned.

B. Logbook Usage

Log Books have to be used since the initial PPDS activities in Education. The writing and confirmation of each activity that will be entered into the Logbook, is discussed first and then signed by the relevant Supervisor.

Therefore, PPDS is reminded to immediately record all activities in the Log Book as soon as the activity is completed; This is so that each activity is not forgotten.

At the end of each educational period, the Log Book is discussed with the relevant Supervisor to assess and plan the next activity.

C. Logbook Type

The PPDS Log Book for the IPD FK-UNHAS section consists of 3 types, namely:

1. PPDS Log Book Phase I
2. PPDS Log Book Phase II
3. PPDS Phase III Log Book

CHAPTER X
LEARNING OUTCOMES EVALUATION SYSTEM
AND GRADUATION CRITERIA

A. Objective

The general purpose of evaluating learning outcomes is to find out whether the Education Participants have achieved professional academic abilities in accordance with the educational curriculum.

B. Evaluation Phase

In general, evaluation during the education period is carried out in phases, periodically and continuously. Evaluation of learning outcomes is summative to determine decisions in addition to being formative to provide feedback to PPDS and teaching staff.

After being declared to have passed all periodic evaluations, Education Participants are required to take the National Evaluation.

Evaluation of learning outcomes consists of:

1. Phase I evaluation. Conducted on PPDS phase I who have carried out all activities in Phase I and are given a certificate of competence (examples of certificates are in the appendix)
2. Initial evaluation of subdivisions. Conducted at the beginning of PPDS Phase II activities in each subdivision to determine the abilities of the cognitive, psychomotor and affective domains that have not been mastered by PPDS.
3. Final evaluation of subdivisions. Conducted at PPDS Phase II at the end of each subdivision activity.
4. Phase II Evaluation. Conducted on PPDS Phase II who have completed and passed all subdivision activities of the IPD Section and are given a certificate of competence (an example of a certificate is in the appendix).
5. National Competency Evaluation (Board exam).
6. Final evaluation. Evaluation is carried out after PPDS has completed all academic and professional activities.

Submission of evaluation results is carried out no later than 1 week before the start of the new cycle.

C. Method of evaluation (evaluation instrument)

The evaluation method (evaluation instrument) used includes:

1. Written exam
2. CbD Exam, Mini-CEX, DOPS

3. Daily Observation (Log Book)
4. Special grading sheet

The subject of the written exam covers various aspects of medical science and IPD.

1. Written exam

Written exams are carried out in every implementation of educational activities in each subdivision/unit, which can be done in the form of:

a. Written pre-exam

Intended as a test to determine the extent to which the prerequisites and subjects have been understood by program participants.

b. Written final exam

Intended as a test that will determine the success of education.

2. Oral/practical exam

Oral exams are carried out in conjunction with practical exams which are generally given at the end of the cycle of each subdivision/end of phases and the end of the program in the form of patient exams (special) or skills exams using a special assessment sheet. The oral/practical exam consists of:

- a. Unit/phase oral exam (CbD, Mini-CEX, DOPS). Patients (cases) can be used as entry to discuss the scope of IPD comprehensively.
- b. Local examination as the final evaluation of the program by using cases to discuss the scope of internal medicine comprehensively.
- c. National evaluation using written exams and cases with the national testing team to comprehensively discuss the scope of internal medicine.

3. Observation sheet

The special assessment sheet (observation sheet) used can be in the form of a rating scale or check list. Special assessment sheets can be used to assess various academic activities and professional training (see attachment).

D. Graduation Criteria

- I. Phase I Graduation Criteria
 1. Completely filled log book
 2. No negative note about attitude
 3. Have carried out the duty of guard I

4. Completing 5 (five) cases of death reports, reading journals of 5 (five) topics and referencing 1 (one) topic
5. Pass the MINI-CEX, CbD and DOPS evaluations
6. Pass the phase exam

II.

Phase II Graduation Criteria

1. Completely filled log book
2. No negative note about attitude
3. Has passed 11 subdivisions
4. Completing the reading of the 5 (five) referats or case reports
5. Completing the national paper
6. Completing research proposals
7. Pass the MINI-CEX, CbD and DOPS evaluations
8. Pass the phase exam

III.

Phase III Graduation Criteria

1. Completely filled log book
2. No negative note about attitude
3. Has carried out duties outside the region, internal polyclinic, room chief, interdepartmental consul, and guard duty 2
4. Completing the reading of the 1 (one) topic and or 1 (one) case report
5. Pass the National Professional exam (Board)
6. Pass the MINI-CEX, CbD and DOPS evaluations
7. Complete the research report and pass the final exam

E. E. Giving points, grades, marks and interpretations

I. How to assign points, grades, marks and interpretations

The method used to give numbers, quality scores, marks and interpretations can be seen in the table below.

Table 2. Values and their interpretation

Score	Mark	Grade Value
85 - 100	A	4,00
80 - <85	A-	3,75
75 - <80	B+	3,50
70 - <75	B	3,00
65 - <70	B-	2,75
00 - <55	E	0,00

*NBL (nilai batas lulus/pass limit value)

F. Evaluation of learning outcomes at end of program

The cum laude predicate at the end of the program can be given by considering the length of the study period, which is not more than n+1. Evaluation of program results is given a predicate according to the following table:

Table 3. GPA and predicate evaluation of final learning outcomes of the program

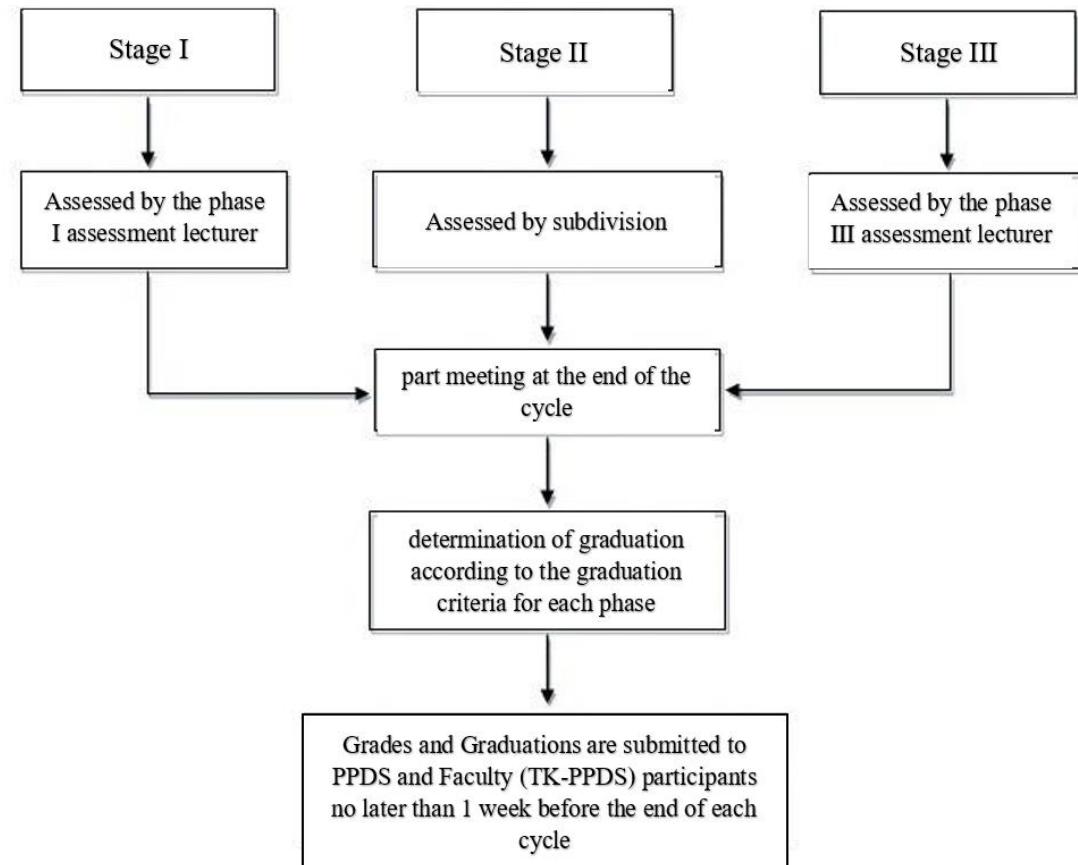
GPA	Predicate
3,71-4,00	With compliments (<i>cum laude</i>)
3,51-3,70	Very satisfying
3,00-3,50	Satisfying

G. Evaluation meeting

Decisions on the assessment of educational outcomes are determined through regular and continuous study program evaluation meetings. PPDS activity evaluation meetings are held every 3 months.

Members of the evaluation meeting consist of the Section Head, Section Secretary, Study Program Chair, Study Program Secretary, and qualified teaching staff who are appraisers who are appointed by Decree of the Section Head.

Flowchart in determining graduation



CHAPTER XI
GRADUATION PREDICATES, DEGREE AND DIPLOMAS

A. Graduation Predicate

Participants who are declared to have passed the PPDS Program are given a graduation predicate according to the GPA obtained as follows:

3.00 - 3.50 Satisfactory

3.51 - 3.70 Very satisfactory

3.71 - 4.00 Cum laude (with compliments)

B. Title

Participants who are declared to have passed are entitled to use the title of Internal Medicine Specialist (SpPD).

C. Diploma

The specialist doctor certificate is given by the Faculty signed by the Dean and Head of the Study Program after the person concerned has completed all professional training tasks and is declared to have passed the national exam (National Evaluation)

Both graduation certificates and copies are given to the person concerned if all applicable requirements and conditions have been met, such as payment of tuition fees, submission of a thesis that has been corrected and approved and approved by the Examining Board (if repairs are needed), returning books borrowed from the library or other assignments. other academic assignments.

If any of the academic and administrative requirements have not been met, then the pass mark cannot be given.

D. Inauguration of the Profession of Internal Medicine Specialist

Awarded by the Collegium IPD Indonesia signed by the Head of the Collegium and the Secretary of the Collegium after the person concerned is declared to have passed the National Evaluation and has met the administrative

CHAPTER XII VIOLATIONS AND SANCTIONS

A. Violation Criteria

- Violations are all forms of acts of defiance or denial of applicable norms, provisions or regulations, violations of law and ethics.
- Violations can be academic or non-academic.
- Sanctions function, among others, as the prevention of violations by other students and the enforcement of justice. Therefore, sanctions must be given appropriately, educationally, and can be accounted for and through the correct procedure.
- Forms of violation: attitude, academic, and administrative.
- Determining the form of attitude violation is a difficult thing because it requires time, accuracy and the involvement of many people.
- Academic violations: unable to fulfill / complete academic tasks, such as making papers, handling patients and committing fraud.
- Administrative violations: applicable administrative provisions, such as tuition fees, filling out KRS, etc
- Types of sanctions: verbal warnings, written warnings to I, II, and III; suspension, up to the termination of education.

B. Warning

- Verbal warning; students are called by KPS or Head of Section and given a warning by explaining the error or violation committed
- KPS or Head of Section gives written warning I, II or III and participants sign the warning given
- After going through the final warning stage, it is decided by the study program to stop education, then the request for termination of education issued by KPS is addressed to the Dean, PPDS Chair, and a copy to the Director of the relevant Teaching Hospital. Furthermore, the Dean will submit an application for termination of education to the Chancellor based on a letter from the study program concerned

C. Sanction

- Every violation of discipline, cooperation, negligence, compliance and part of it will be given a warning letter from KPS, if the warning letter is not heeded it will be followed by a suspension sanction.
- Serious violations such as immoral cases, malpractice, fights, persecution will be subject to suspension and up to dismissal
- If the value obtained from the reading of the reference/case is less than 6.5 then the assistant concerned must repeat or add one new reference/case
- Assistants are declared to repeat one full cycle (3 months) if they leave the task for more than 12 working days or the value from the end of the cycle is less than 6.5
- If the assistant does not complete the scientific assignment on time, the assistant will be assigned to a hospital assignment without a subdivision (room doctor or chief) or placed in a subdivision that is declared passed for the relevant subdivision and can even be demoted to a lower educational stage.

D. Education Termination

Discontinuation of education may include the following:

- At the request of students, by submitting to the Dean with a copy to the Director of the Teaching Hospital, Chair of the TKP-PPDS, Head of Section, Head of Study Program.
- The reason for the condition or health that does not allow to continue the study, is supported by a letter from the Health Examiner Council.
- Three times did not pass the pre-test stage 1
- Past the $2N+1$ education deadline (more than 9 years)
- Ethical violations that damage the good name of the IPD Section
- Administrative violation
- The person concerned is unable to follow the applicable regulations in the IPD Section
- Academically it is considered incompetent based on the evaluation conducted on the PPDS participants concerned
- Received 3 written warnings from KPS

PPDS activities outside the educational institution/IPD-FKUH Division must be with the knowledge/permission of the Head of the IPD-FKUH Division/KPS Section.

CHAPTER XIII PPDS-IPD TROUBLESHOOTING PROCEDURE

So that the PPDS problem-solving and counseling mechanism is more structured and well-documented and can support the smoothness and improvement of the quality of education, every PPDS who has academic or non-academic problems should report themselves to the Academic Advisor appointed by the Dean of the Unhas Medical School / Head of the IPD FK Section Unhas. The guidance and counseling schedule is set (time and place) based on the results of the section meeting. The problems detected will be analyzed by the PA with the students, if the best solution is not found, then they will be discussed with the KPS and the counselor. If the KPS and the Counselor do not get the best solution, then it is forwarded to the PPDS TK for academic problems and to KOMDIS when it comes to non-academic problems.

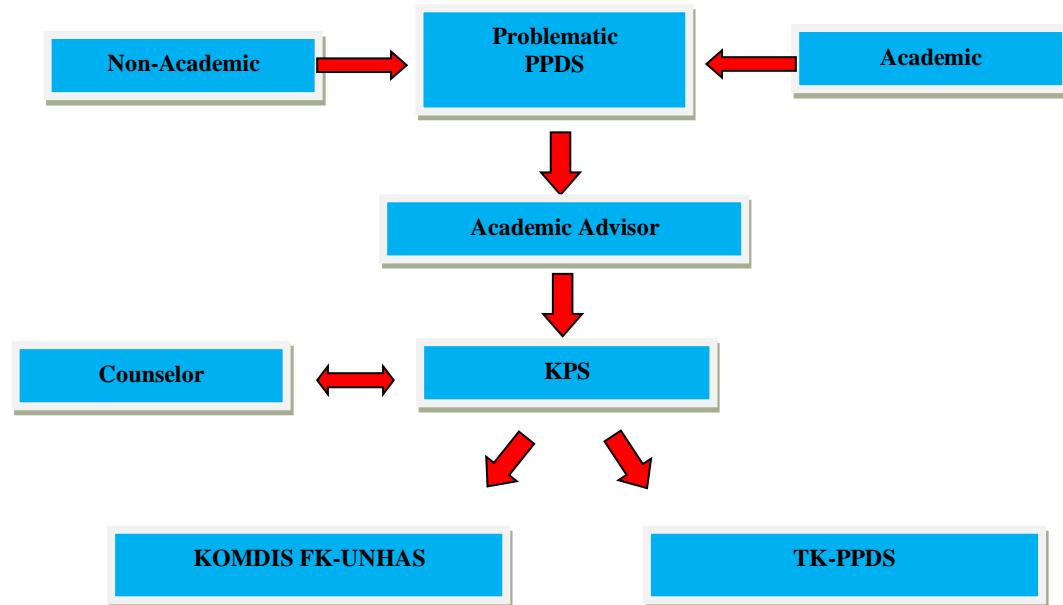


Figure 6. Flow of Problem Solving PPDS Internal Medicine FK UNHAS

**CHAPTER XIV
ORGANIZATIONAL STRUCTURE OF INTERNAL DISEASE**

The Internal Medicine Specialist Education Program of the UNHAS FK has a management organization that is responsible for the implementation of the PPDS education program. The structure of the PPDS-PD Study Program consists of:

1. Head of Study Program (KPS)
2. Secretary of Study Program (SPS)
3. Study Program Staff

This organization has a job description, work procedures, and a systematic managerial competency improvement program to describe an effective and efficient education program management system in each work unit.

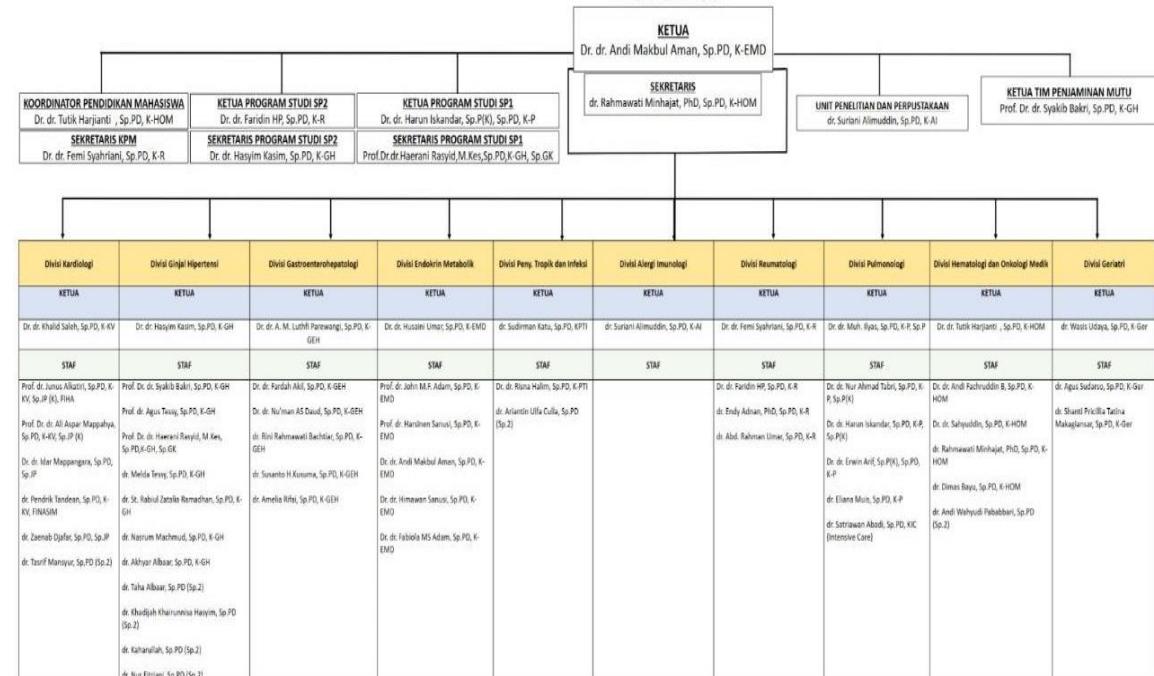


Figure 7. Organizational Structure of the Department of Internal Medicine, Faculty of Medicine, Hasanuddin University

CHAPTER XV
TEACHING STAFF

A. Selection and Recruitment

Teaching staff of National Education Ministry (Depdiknas) is selected and accepted by following the recruitment method of Faculty of Medicine Hasanuddin University, whereas the teaching staff of non National Education Ministry (Depdiknas) are selected and accepted through the meeting of the department management with minimal requirement of complete specialist education.

The placement of teaching staff will be prioritized to sub-sections that do not yet exist or lack active teaching staff.

Table 4. Categories of teaching staff (supervisors, educators and assessors)

No	Category	Definition
1.	Advisor Staff of Internal Medicine Division/UPF FKUH/RSWS who has worked as an Internal Medicine specialist for less than 4 years	Lecturers who have duties: <ul style="list-style-type: none">Provide tutorials and CSL to academic S1 students every working day according to the class scheduleGuiding clinical practice/bed site teaching in hospitals/puskesmas network of FK UNHAS students of the medical profession program (young doctors) every day according to the clinical learning scheduleGuiding seminars/refarats/reading journals for undergraduate students in academic and medical professional programs according to the schedule of activities.
2.	Educator Staff of Internal Medicine Division/UPF FKUH/RSWS who have worked as a specialist in	Lecturers who have duties: <ul style="list-style-type: none">Provide tutorials and CSL to academic undergraduate students every working day according to the class scheduleGuiding clinical practice/bed site teaching in hospitals/puskesmas network of FK UNHAS

	Internal Medicine for at least 4 years	<ul style="list-style-type: none"> • students of the medical profession program (young doctors) every day according to the clinical learning schedule • Guiding seminars/refarats/reading journals for undergraduate students in academic and medical professional programs according to the schedule of activities • Testing students of academic programs and doctoral professional programs according to the schedule of activities. • Guiding PPDS students
3.	<p>Evaluator</p> <p>Staff of Internal Medicine Division/ UPF FKUH/ RSWS who have worked as consultant Internal Medicine specialist for at least 2 years</p>	<p>Lecturers who have duties:</p> <ul style="list-style-type: none"> • Providing tutorials and CSL for academic undergraduate students every working day according to the class schedule • Guiding clinical practice/bed site teaching in hospitals/puskesmas network of FK UNHAS, medical professional program students (young doctors) every day according to the clinical learning schedule • Guiding seminars/refarats/reading journals for undergraduate students in academic and medical professional programs according to the schedule of activities • Testing students of academic programs and medical professional programs according to the schedule of activities • Providing PPDS student lectures/discussions according to the activity schedule • Guiding the clinical practice of PPDS students in teaching hospitals every working day according to the activity schedule

		<ul style="list-style-type: none"> • Guiding, testing and assessing PPDS student's thesis or research • Guiding case reports / reading literature / literature extracts / student reviews of PPDS-FK-UH • Test and assess summative exams, clinical practice, PPDS student thesis exams • Guiding the clinical practice of PPDS students in teaching hospitals every working day according to the activity schedule • As a consultant according to the field of expertise on every working day
4	Examiner	<p>is :</p> <ul style="list-style-type: none"> • Qualifications of the examiner staff: <ul style="list-style-type: none"> a. Consultants for each subsection b. Sp. PD, Sp. JP. and Sp. PD, Sp.P. • Examiners will be determined based on the provisions of the section after a meeting with all section staff.

B. Academic/professional development :

- Cooperating with organizations in the implementation of scientific activities both locally, regionally and nationally. For example: - Annual Scientific Meeting, Association of Indonesian Internal Medicine Experts, Makassar Cardiovascular Up Date, Makassar Diabetes Annual Meeting, National Scientific Meeting, Makassar Antimicrobial Infectious and Tropical Diseases Update.
- Sending teaching staff to attend further education, courses and training at certain education centers/courses both at home and abroad.
- Carry out periodic training and courses by inviting experts according to their respective expertise.
- Program all staff to take education to higher education strata such as Masters (S2) and doctoral (S3) education programs

C. Rank development :

Referring to the system in force at the Unhas Medical Faculty or the originating agency of the staff

D. Position development (functional and structural)

- The development of functional positions is regulated by the FKUH Pihak
- The development of structural positions in the IPD section is regulated by the IPD section and will be placed in the organizational structure of the sections and subsections.

E. Reward and consequence system

The system of rewards and consequences with reference to the provisions that apply to FKUH.

F. Application of Professional Ethics

In carrying out their duties, an educator must uphold the attitude of humanism, professionalism, uphold medical ethics, social ethics and national ethics referring to the Indonesian medical code of ethics and the professional standards of Internal Medicine Specialists issued by PAPDI.

CHAPTER XVI ACADEMIC STAFF

Due to the limited administrative staff of the Medical Faculty, the Division/Sub-section appoints educational administrative staff. The system of planning, selection/recruitment, acceptance and placement of educational staff is based on the number of employees needed to complete administrative tasks in the IPD Division.

The sub-section administration system will be governed by the respective sub-sections.

- a. Selection and recruitment tests consist of written test and interview test
- b. Staff recruitment based on written and interview test results.
- c. Staff placement is determined by the Head of Internal Medicine Department based on every section needed.
- d. Every sub-section is expected to have minimal one academic staff

A. Personnel Organization Structure

Personnel organization structure based on assignment letter by Head of Internal Medicine Department

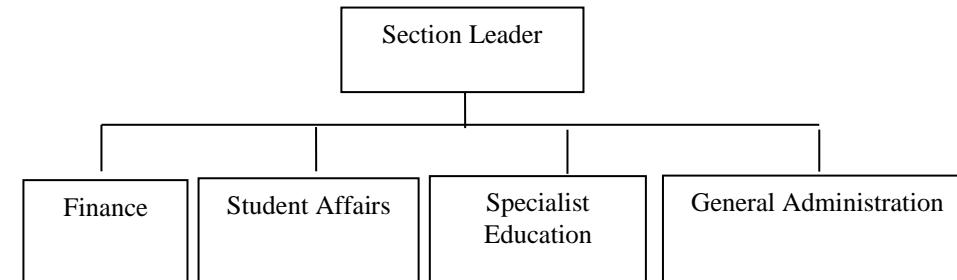


Figure 8. The organizational structure of the educational staff of the Internal Medicine Section of the Faculty of Medicine, Unhas

A. Self character and self capacity development

The development of academic staff's character and capacity are performed via training and course, such as financial management training, administration training, computer course and english course.

B. Employee stratification development

All educational staff are honorary / contractual managed independently by the Internal Medicine Department Faculty of Medicine Hasanuddin University, therefore the stratification development system is not available.

C. Job development

All educational staff are honorary / contractual managed independently by the Internal Medicine Department Faculty of Medicine Hasanuddin University, therefore the job development system is not available.

D. Reward and Punishment

- Provide additional income for employees who excel, have high discipline, and work overtime.
- Give punishment in the form of verbal, written warnings and termination of work if they do not comply with the applicable regulations

CHAPTER XVII

EDUCATIONAL FACILITIES

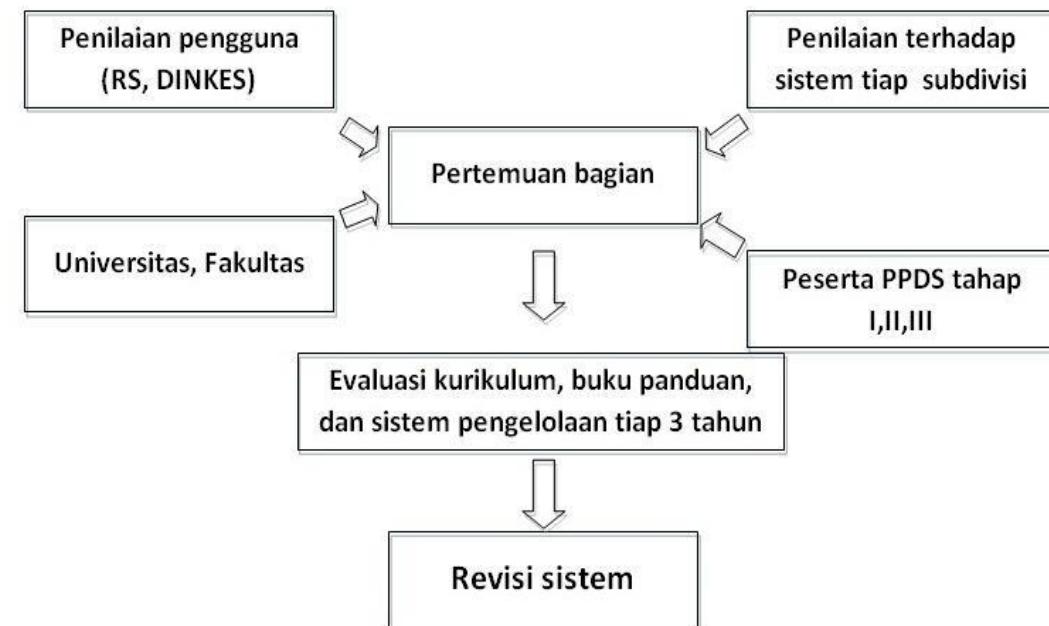
- A. Hasanuddin University Teaching Hospital and Wahidin Sudirohusodo Hospital Makassar.
 - Inpatient facilities
 - Outpatient facilities
 - Medical recording system
- B. Network hospitals
- C. Supporting facilities
- D. Field study facilities
- E. Library

CHAPTER XVIII

CURRICULUM EVALUATION SYSTEM, GUIDEBOOK AND FUNCTIONAL MANAGEMENT SYSTEM

If necessary or within a period of 3 years, an evaluation of the curriculum, manuals, and functional management systems will be held involving stakeholders including network hospitals, public health officers, internal medicine subdivision lecturers, faculty and university parties, as well as teaching staff and students. Things needed for improvement or evaluation will be discussed through a meeting.

Evaluasi Kurikulum, Buku Panduan Dan Sistem Pengelolaan Fungsional

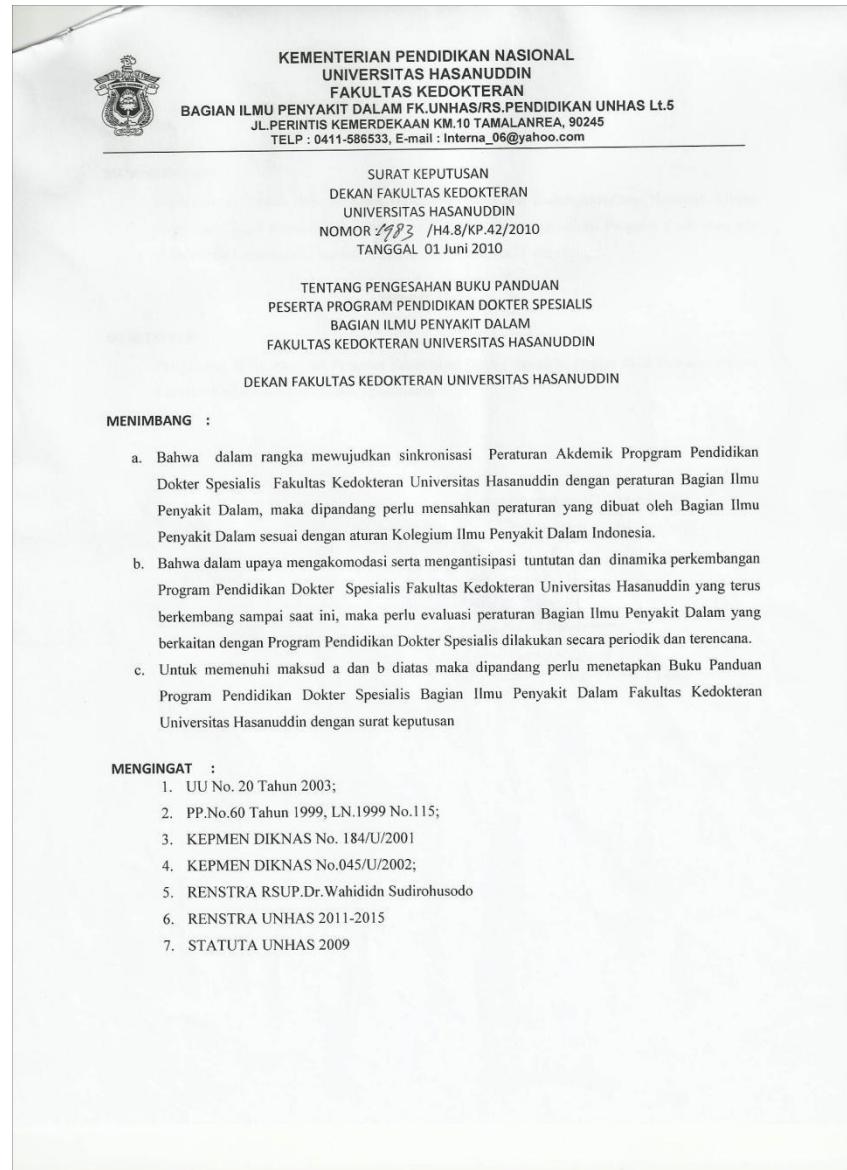


CHAPTER XIX

CLOSING

- A. This guidebook is a guideline for all parties related to the Internal Medicine Specialist Program Faculty of Medicine Hasanuddin University therefore the education process runs well as expected.
- B. Issues which are not covered in this guidebook will be discussed and solved in study program management meeting.
- C. This guidebook will be revised if necessary.

**BUKU PANDUAN PROGRAM PENDIDIKAN DOKTER SPESIALIS ILMU PENYAKIT DALAM
FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN**



**BUKU PANDUAN PROGRAM PENDIDIKAN DOKTER SPESIALIS ILMU PENYAKIT DALAM
FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN**



KEMENTERIAN PENDIDIKAN NASIONAL
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN

BAGIAN ILMU PENYAKIT DALAM FK.UNHAS/RS.PENDIDIKAN UNHAS Lt.5
JL.PERINTIS KEMERDEKAAN KM.10 TAMALANREA, 90245
TELP : 0411-586533, E-mail : Interna_06@yahoo.com

MEMPERHATIKAN :

Keputusan Kolegium Ilmu Penyakit Dalam Indonesia dan Badan Akreditasi Nasional Dirjen
Perguruan Tinggi Kementerian Pendidikan Nasional tentang akreditasi Program Studi yang ada
di Indonesia termasuk di Fakultas Kedokteran Universitas Hasanuddin.

MEMUTUSKAN :

MENETAPKAN :
Pengesahan Buku Panduan Program Pendidikan Dokter Spesialis Bagian Ilmu Penyakit Dalam
Fakultas Kedokteran Universitas Hasanuddin.

Ditetapkan di : Makassar

Pada tanggal : 01 Juni 2010



Pedoman Penggunaan MINI-CEX (Clinical Evaluation Exercise)

Hakekat dari MINI-CEX adalah penilaian kemampuan klinis residen saat berhadapan dengan pasien, dan hanya perlu 15 – 20 menit untuk dapat menilai residen dengan pasien, kemudian diikuti umpan balik 5 – 10 menit. Dari berbagai pemanfaatan, MINI-CEX telah dibuktikan merupakan alat yang valid dan dapat dipercaya untuk mengukur kemampuan klinik residen.

Keterangan Kompetensi yang ada dalam MINI-CEX :

1. Kemampuan Wawancara Medis (*Medical Interviewing Skill*)
Memfasilitasi pasien/keluarga pasien agar dapat bercerita, bertanya dengan efektif agar memperoleh informasi yang akurat dan edukasi, bereaksi secara tepat terhadap sikap dan tanda-tanda non verbal lainnya.
2. Kemampuan Pemeriksaan Fisik (*Physical Examination Skills*)
Mengikuti urutan logik, efisien, menyeimbangkan langkah skrining dan diagnostik, memberitahu pasien saat pemeriksaan, peka terhadap kenyamanan pasien dan bersikap sopan.
3. Kualitas Humanistik/Profesionalisme (*Humanistic Qualities/Professionalism*)
Menghargai pasien, menunjukkan empati, belas kasih, menciptakan kepercayaan, membantu agar pasien nyaman, bisa menjaga rahasia, memberi informasi.
4. Keputusan Klinis (*Clinical Judgement*)
Selektif memilih pemeriksaan penunjang diagnostik yang sesuai mempertimbangkan resiko/manfaat.
5. Kemampuan Mengelola Pasien (*Patient Management Skills*)
Memilih terapi medikamentosa yang rasional, memilih terapi dietetik sesuai dengan diagnosis, peka terhadap keadaan sosial ekonomi pasien.
6. Kemampuan Konseling (*Counseling Skills*)
Menjelaskan alasan/dasar pemeriksaan dan terapi kepada pasien atau keluarga pasien, memperoleh persetujuan tindak medik kalau diperlukan kepada pasien atau keluarga pasien (*informed consent*), memberi edukasi tentang pelaksanaan, pencegahan dan konseling lain yang terkait dengan penyakitnya.
7. Organisasi/Efisiensi (*Organization/Efficiency*)
Menentukan prioritas, menyesuaikan dengan waktu yang tersedia.
8. Kompetensi Klinis Keseluruhan (*Overall Clinical Competence*)
Menunjukkan bagaimana mencapai keputusan klinis, sintesis, peduli (*caring*), dengan efektif dan efisien.

Catatan

Apabila dalam melakukan mini-CEX ada item di atas yang tidak saudara nilai (observasi), mohon memberi tanda rumput (✓) pada kolom "tidak diobservasi" di bawah item penilaian tersebut (lihat formulir penilaian)

**BUKU PANDUAN PROGRAM PENDIDIKAN DOKTER SPESIALIS ILMU PENYAKIT DALAM
FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN**

FORMULIR MINI-CEX

UNTUK UJIAN KOMPETENSI KLINIK

Penilai : _____ Tanggal : _____
Residen : _____ Tahap : I/II/III U1 U2 U3 U4 (U=Ujian)
Subdivisi : _____
Problem Pasien / diagnosis : _____
Situasi Ruangan : _____ Rawat Jalan Rawat Inap IRD Lain-lain
Pasien : _____ Umur : _____ Jenis kelamin : _____ Baru Follow up
Tingkat kerumitan : Rendah Sedang Tinggi
Fokus : Data gathering Diagnosis Terapi Konseling

NILAI	A ≥90	A- 86-90	B 81-85	B- 76-80	C 70-75	E ≤69
-------	----------	-------------	------------	-------------	------------	----------

1. Kemampuan wawancara medis
(tidak diobservasi)
2. Kemampuan pemeriksaan fisik
(tidak diobservasi)
3. Kualitas Humanistik / Professionalisme
(tidak diobservasi)
4. Keputusan Klinis / diagnosis
(tidak diobservasi)
5. Kemampuan mengelola pasien
(tidak diobservasi)
6. Kemampuan konseling
(tidak diobservasi)
7. Organisasi / efisiensi
(tidak diobservasi)
8. Kompetensi klinis keseluruhan
(tidak diobservasi)

Nilai

Nilai rata-rata

KETERANGAN

NBL = 70

BUKU PANDUAN PROGRAM PENDIDIKAN DOKTER SPESIALIS ILMU PENYAKIT DALAM FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN

UMPAN BALIK TERHADAP KOMPETENSI KLINIK

Sudah bagus	Perlu perbaikan

CATATAN

1. Waktu mini-CEX : Observasi : _____ menit. Memberikan umpan balik : _____ menit

2. Kepuasan penilai terhadap mini-CEX

a. Kurang sekali b. Kurang c. Cukup d. Baik e. Baik sekali

3. Kepuasan residen terhadap mini-CEX

a. Kurang sekali b. Kurang c. Cukup d. Baik e. Baik sekali

Tanda tangan penilai

Tanda tangan yang dinilai

()

()

Pedoman Penggunaan *Direct Observation of Procedural Skill (DOPS)*

Untuk Menilai Kompetensi Tindakan Medik dari Residen

DOPS adalah penilaian kemampuan klinik residen dalam melakukan suatu tindakan medik pada pasien, dan hanya memerlukan waktu 15 – 20 menit untuk dapat mengevaluasi kemampuan residen dalam melakukan tindak medis secara keseluruhan, dan kemudian dilanjut oleh umpan balik selama 5 menit. DOPS telah terbukti merupakan alat yang valid untuk dapat mengukur kemampuan residen dalam melakukan tindak medis.

Keterangan Kompetensi yang Ada Dalam DOPS :

1. Mempunyai pengetahuan tentang indikasi, relevansi anatomi dan teknik tindak medik (*Demonstrates understanding of indications, relevant anatomy, technique of procedure*)
Memiliki kemampuan menjelaskan tentang tujuan, indikasi, kontra indikasi, efek samping, letak anatomi yang perlu diketahui, dan cara melakukan prosedur tindak medik secara berurutan dan jelas.
2. Mendapatkan persetujuan tindak medik (*Obtains informed consent*)
Mampu mendapatkan persetujuan baik verbal dan/atau tertulis (bila diperlukan) dari pasien atau keluarga pasien, yang sebelumnya telah diberikan penjelasan dengan baik mengenai tindak medik yang akan dilakukan termasuk indikasi, proseduryang akan dilakukan, untung-ruginya, efek samping yang mungkin timbul dll
3. Persiapan yang sesuai sebelum tindak medik (*Demonstrates appropriate preparation preprocedure*)
Memiliki kemampuan dalam mempersiapkan segala sesuatu yang diperlukan dalam tindak medik yang akan dilakukan, termasuk persiapan tentang tetaplahsana mengatasi kemungkinan adanya komplikasi.
4. Mampu memberikan analgesik yang sesuai atau sedasi yang aman (*Appropriate analgesia or safe sedation*)
Memiliki pengetahuan tentang obat analgesik yang akan diberikan dan dapat melakukannya dengan aman dan sesuai dengan indikasi.
5. Kemampuan secara teknik (*Technical ability*)
Dapat melakukan tindakan medik tersebut secara berurutan, terampil dan

7. Mencari bantuan bila diperlukan (*Seek help where appropriate*)
Tahu kemampuan dan keterbatasan diri dan mencari bantuan bila diperlukan baik dalam bentuk konsistensi maupun penanganan lebih lanjut bila diperlukan.
8. Tatalaksana pasca tindakan (*Post procedure management*)
Memiliki kemampuan dalam segala sesuatu yang diperlukan setelah melakukan tindakan, misal pembuangan jarum suntik/benda-benda tajam sekali pakai dengan benar dan aman, pembacaan foto *roentgen*, EKG, instruksi yang jelas baik pada perawat maupun keluarga pasien, dll.
9. Kecakapan komunikasi (*Communication skills*)
Mampu memberi penjelasan kepada pasien/keluarga pasien mengenai tindak medik dengan baik, jelas, hormat dan empati.
10. Mempertimbangkan kondisi pasien / profesionalisme (*Consideration of patient / professionalism*)
Mampu melakukan tindak medik dengan memperhatikan rasa hormat, belas kasih, empati, dan membangun kepercayaan dengan mempertimbangkan kondisi pasien saat itu. Mampu melaksanakan tindak medik dengan mempertimbangkan segi etika dan kesadaran akan legalitas dan keterbatasan diri.
11. Kemampuan secara keseluruhan dalam melakukan tindak medik (*Overall ability to perform procedure*)
Kemampuan secara keseluruhan mengenai pengetahuan dan ketersedian dalam melakukan tindak medis tersebut dengan mempertimbangkan butir-butir seperti yang telah disebutkan di atas.

Catatan

Apabila dalam melakukan DOPS ada item di atas yang tidak saudara nilai (observasi), mohon memberi tanda rumput (✓) pada kolom "tidak diobservasi" di bawah item penilaian tersebut (lihat formulir penilaian)

FORMULIR DIRECT OBSERVATION OF PROCEDURAL SKILL (DOPS)

Penilai : _____ Tanggal : _____

Residen : _____ Tahap : I / II / III

Situasi Ruangan : IRD Rawat Jalan Rawat Inap Lain-lain

Subdivisi : _____

Jenis Tindak Medik : _____

Jumlah tindak medik serupa yang pernah diobservasi penilai : ()0 ()1 ()2 ()3 ()4 ()5-9 ()>9

Jumlah tindak medik serupa yang pernah dilakukan residen : ()0 ()1 ()2 ()3 ()4 ()5-9 ()>9

NILAI	A 90	A- 86-90	B 81-85	B- 76-80	C 70-75	C- 46
-------	---------	-------------	------------	-------------	------------	----------

1. Mempunyai pengetahuan tentang indikasi relevansi anatomi dan teknik tindak medik (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
2. Mendapat persetujuan tindak medik (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
3. Mampu menunjukkan persiapan yang sesuai sebelum tindak medik (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
4. Mampu memberikan analgesik yang sesuai atau sedasi yang aman (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
5. Kemampuan secara teknik (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
6. Teknik aseptik (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
7. Mencari bantuan bila diperlukan (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
8. Tatalaksana paska tindakan (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					
9. Kecakapan komunikasi (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>					

**BUKU PANDUAN PROGRAM PENDIDIKAN DOKTER SPESIALIS ILMU PENYAKIT DALAM
FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN**

11. Kemampuan secara keseluruhan dalam melakukan tindakan medik
(tidak diobservasi)

<input type="checkbox"/>					
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Nilai:

Nilai rata-rata:

KETERANGAN

NBL = 70

UMPAN BALIK TERHADAP KECAKAPAN TINDAK MEDIK

CATATAN

1. Waktu penilaian DOPS : Observasi : _____ menit. Memberikan umpan balik : _____ menit
2. Kepuasan penilai terhadap DOPS :
a. Kurang sekali b. Kurang c. Cukup d. Baik e. Baik sekali
3. Kepuasan residen terhadap DOPS :
a. Kurang sekali b. Kurang c. Cukup d. Baik e. Baik sekali
4. Pernahkah anda mendapatkan pelatihan untuk menggunakan alat evaluasi ini :
 Pelatihan bersama face to face Membaca guideline WEB/CD dll

Tanda tangan penilai

Tanda tangan yang dinilai

FORMULIR DIRECT OBSERVATION OF PROCEDURAL SKILL (DOPS)

Residen : _____ Tahap : I / II / III

NO	JENIS TINDAKAN	E	1	2	3	4	5	6	7	8	9	10	T
TAHAP I													
1.	Pemasangan infus	Tgl											
		SR											
		KS											
2.	Pemasangan kateter	Tgl											
		SR											
		KS											
3.	Punksi suprapubik	Tgl											
		SR											
		KS											
4.	Pemasangan NGT	Tgl											
		SR											
		KS											
5.	Pemasangan EKG	Tgl											
		SR											
		KS											
6.	Tes provokasi obat	Tgl											
		SR											
		KS											
TAHAP II													
7.	Elektrokardiografi/EKG	Tgl											
		SR											
		KS											
8.	Ekokardiografi	Tgl											
		SR											
		KS											
9.	Uji latih jantung	Tgl											
		SR											
		KS											
10.	USG Doppler	Tgl											
		SR											
		KS											
11.	Resusitasi Jantung Paru (RJP)	Tgl											
		SR											
		KS											
	Contoh	Tgl											

14	Pemasangan central venous pressure/CVP (opsional)	Tgl	SR	KS								
15	Pemasangan endotracheal tube/ETT (opsional)	Tgl	SR	KS								
16	Endoskopi: UGIE/LGIE diagnostik	Tgl	SR	KS								
17	Hemostatik per-endoskopi	Tgl	SR	KS								
18	Polipektomi per-endoskopi	Tgl	SR	KS								
19	Anuskopi diagnostik	Tgl	SR	KS								
20	Skleroterapi hemoroid	Tgl	SR	KS								
21	Aspirasi abses Hati	Tgl	SR	KS								
22	Punksi cairan ascites	Tgl	SR	KS								
23	USG Abdomen / fibroscan	Tgl	SR	KS								
24	Biopsi hati terpimpin	Tgl	SR	KS								
25	Peritoneoskopi (opsional)	Tgl	SR	KS								
26	ERCP (opsional)	Tgl	SR	KS								
27	Injeksi etanol perkutan (opsional)	Tgl	SR	KS								
												Tgl

30	Perawatan kaki diabetes	Tgl								
		SR								
		KS								
31	Skrining kaki diabetes	Tgl								
		SR								
		KS								
32	Memantau glukosa darah	Tgl								
		SR								
		KS								
33	Tes toleransi glukosa oral	Tgl								
		SR								
		KS								
34	USG Thyroid	Tgl								
		SR								
		KS								
35	FNA Thyroid	Tgl								
		SR								
		KS								
36	Tes supresi dexamethasone (opsional)	Tgl								
		SR								
		KS								
37	Injeksi insulin	Tgl								
		SR								
		KS								
38	Densitometri	Tgl								
		SR								
		KS								
39	Hemodialisa	Tgl								
		SR								
		KS								
40	CAPD	Tgl								
		SR								
		KS								
41	USG Ginjal	Tgl								
		SR								
		KS								
42	Pemasangan kateter urine	Tgl								
		SR								
		KS								
43	Peak flow meter	Tgl								
		SR								
		KS								
..	..	Tgl								
		SR								
		KS								

46	Terapi inhalasi	Tgl										
		SR										
		KS										
47	Terapi oksigen	Tgl										
		SR										
		KS										
48	Biopsi jarum halus KGB	Tgl										
		SR										
		KS										
49	Punksi pleura	Tgl										
		SR										
		KS										
50	Fisioterapi dada (opsional)	Tgl										
		SR										
		KS										
51	USG Thoraks	Tgl										
		SR										
		KS										
52	Ventilasi mekanik (opsional)	Tgl										
		SR										
		KS										
53	FNA Transtorakal	Tgl										
		SR										
		KS										
54	Bronchoscopi	Tgl										
		SR										
		KS										
55	Vaksinasi	Tgl										
		SR										
		KS										
56	Pemeriksaan DDR	Tgl										
		SR										
		KS										
57	Pemasangan syringe pump	Tgl										
		SR										
		KS										
58	Aspirasi sumsum tulang unutk kultur mikroorganisme (opsional)	Tgl										
		SR										
		KS										
59	Rektoskopi (opsional)	Tgl										
		SR										
		KS										
...	Tgl										

62	Kemoterapi	Tgl						
		SR						
		KS						
63	Hemostasis	Tgl						
		SR						
		KS						
64	Sitologi sumsum tulang	Tgl						
		SR						
		KS						
65	Sitokimia	Tgl						
		SR						
		KS						
66	Golongan darah	Tgl						
		SR						
		KS						
67	Cross matching	Tgl						
		SR						
		KS						
68	BMP	Tgl						
		SR						
		KS						
69	Biopsi sumsum tulang	Tgl						
		SR						
		KS						
70	Aspirasi cairan sendi	Tgl						
		SR						
		KS						
71	Injeksi intraartikular	Tgl						
		SR						
		KS						

Catstan:

Tgl : Tanggal dilakukan

SR : Situasi Ruangan (IRD, Polirawatjalan (RJ), Ruangan rawat inap (RI))

KS : Peref Konsulen Supervisor

Pedoman Penggunaan Case-based Discussion (CbD)
Untuk Menilai Kompetensi Klinik Residen

CbD adalah suatu metode untuk menilai kemampuan klinik residen dalam hal pengambilan keputusan klinik, dan aplikasi / penggunaan pengetahuan medik dalam mengelola pasien, dan hanya memerlukan waktu 20 menit untuk dapat mengevaluasi kemampuan residen dan sekaligus memberikan umpan balik pada kasus tersebut.

Keterangan Kompetensi dalam Diskusi Kasus/Case Based Discussion :

1. **Penulisan / pembuatan rekam medik (*Medical/ record keeping*)**
Apakah rekam medik yang dibuat tersebut jelas, mudah dimengerti, telah ditandatangan dan diberi tanggal, sesuai dengan masalah yang ada, dan dibuat secara berurutan serta mudah dimengerti sehingga dapat memudahkan klinik lain yang akan mempergunakan rekam medik tersebut untuk memberikan penanganan yang sesuai dan efektif selanjutnya.
2. **Penilaian klinik (*Clinical/ assessment*)**
Mampu menunjukkan pengertian tentang riwayat penyakit pasien melalui penggunaan pertanyaan yang lebih lanjut dan pemeriksaan fisik yang sesuai dengan masalah klinik, sehingga didapatkan diagnosis yang paling memungkinkan untuk pasien tersebut.
3. **Investigasi dan rujukan (*Investigation and referral*)**
Mampu menjelaskan rasionalisasi pemeriksaan penunjang dan rujukan yang diperlukan. Mampu menjelaskan mengapa pemeriksaan diagnostik tersebut diminta/dileakukan termasuk risiko dan keuntungan serta hubungannya untuk menyirikan diagnosis banding.
4. **Tatalaksana (*Treatment*)**
Mampu menjelaskan secara rasional tentang tatalaksana, termasuk risiko dan keuntungannya.
5. **Pemantauan dan rencana selanjutnya (*Follow up and future planning*)**
Mampu menjelaskan tentang rencana tatalaksana selanjutnya termasuk pemantauan/follow up.
6. **Profesionalisme**
Mampu melakukan perawatan sesuai yang telah tercatat, memperlihatkan rasa hormat, belas kasih, empati, dan membangun kepercayaan. Mampu menjelaskan mengapa pasien perlu kenyamanan, dihormati, kerahasiaan medik. Dapat menunjukkan bahwa rekam medik tersebut dibuat berdasarkan pendekatan medik yang etis, kesadaran akan legalitas dan keterbatasan diri.
7. **Penilaian secara keseluruhan (*Overall clinical/ care*)**
Mampu menunjukkan dalam membuat keputusan, mensintesis, melakukan perawatan, dan keefektifan kerja pada pasien saat rekam medik tersebut dibuat.

Catatan

Apabila dalam melakukan CbD ada item di atas yang tidak saudara nilai (obsevasi), mohon memberi tanda rumput (✓) pada kolom "tidak diobservasi" di bawah item penilaian tersebut (lihat formulir penilaian)

FORMULIR DISKUSI KASUS / CASE-BASED DISCUSSION
UNTUK UJIAN KOMPETENSI KLINIK

Penilai : _____ Tanggal : _____

Residen : _____ Tahap : I / II / III

Subdivisi : _____

Situasi Ruangan : Rawat Jalan Rawat Inap IRD Lain-lain

Problem Pasien / diagnosis : _____

Fokus : Pembuatan rekam medik Clinical assessment Tatalaksana Profesionalisme

NILAI

A
≥60

A-
86-90

B
81-85

B-
76-80

C
70-75

D
≤69

1. Penilaian/pembuatan rekam medik (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				
2. Penilaian klinis / clinical assessment (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				
3. Investigasi dan rujukan (Investigation and referral) (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				
4. Tatalaksana (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				
5. Pemantauan dan rencana selanjutnya (follow up and future planning) (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				
6. Profesionalisme (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				
7. Penilaian klinik secara keseluruhan (<input type="checkbox"/> tidak diobservasi)	<input type="checkbox"/>				

Nilai

Nilai rata-rata

KETERANGAN

NBL = 80



LOG BOOK

**PESERTA PROGRAM PENDIDIKAN DOKTER SPESIALIS
ILMU PENYAKIT DALAM**

**FAKULTAS KEDOKTERAN
UNIVERSITAS HASANUDDIN
MAKASSAR**

BIODATA



Nama : _____

No. Registrasi Mahasiswa : _____

Jenis Kelamin : _____

Tempat/Tanggal Lahir : _____

Alamat : _____

No. Telp/HP : _____

Asal/Tgl Lulus Pendidikan S1 : _____

Mulai Pendidikan PPDS Tahap I : _____

Status : _____

Pegawai Negeri Pegawai Swasta TNI/POLRI

Perorangan Tugas Belajar Lain-lain

Pembimbing Akademik : _____

DAFTAR SINGKATAN & NILAI

SINGKATAN

SOP	Standard Operative Procedure
MINI-CEX	Mini-Clinical Evaluation Exercise
CbD	Case-based Discussion
DOPS	Direct Observation of Procedural Skill

NILAI

Angka	Mutu	Konversi
>90	A	4
86-90	A-	3,5
81-85	B	3
76-80	B-	2,5
70-75	C	2
≤69	E	<2
Nilai Batas Lulus (NBL) = 70		

JADWAL EVALUASI

TAHAP I-A

Penilaian	Tahun											
	Jan	Feb	Mar	Apr	Mei	Jun	Jul	Agt	Sep	Okt	Nov	Des
MINI-CEX												
CbD												
Portofolio												

Keterangan:

Selama 6 (enam) bulan pertama pembelajaran, bagi masing-masing peserta PPDS IPD tahap I-A:

- MINI-CEX dan CbD dilakukan 2 (dua) kali
- Portofolio dievaluasi 2 (dua) kali

TAHAP I-B

Penilaian	Tahun											
	Jan	Feb	Mar	Apr	Mei	Jun	Jul	Agt	Sep	Okt	Nov	Des
MINI-CEX												
CbD												
DOPS												
Portofolio												
Ujian Tahapan												

Keterangan:

Selama 6 (enam) bulan kedua pembelajaran, bagi masing-masing peserta PPDS IPD tahap I-B:

- MINI-CEX dan CbD dilakukan 2 (dua) kali
- DOPS dilakukan 2 (dua) kali
- Portofolio dievaluasi 2 (dua) kali
- Ujian Tahapan dilakukan 1 (satu) kali, jika tidak lulus maka diberi kesempatan melakukan ujian ulang 1 (satu) kali/siklus (1 kali/3 bulan)

**JADWAL EVALUASI
TAHAP II**

Penilaian	Tahun											
	Jan	Feb	Mar	Apr	Mei	Jun	Jul	Agt	Sep	Okt	Nov	Des
MINI-CEX												
CbD												
DOPS												
Pre test subdivisi												
Post test subdivisi												
Portofolio												
Ujian Tahapan												

Penilaian	Tahun											
	Jan	Feb	Mar	Apr	Mei	Jun	Jul	Agt	Sep	Okt	Nov	Des
MINI-CEX												
CbD												
DOPS												
Pre test subdivisi												
Post test subdivisi												
Portofolio												
Ujian Tahapan												

Keterangan:

Selama 2 (dua) tahun pembelajaran, bagi masing-masing peserta PPDS IPD tahap II:

- MINI-CEX, CbD dan DOPS dilakukan 8 (delapan) kali
- Pre test subdivisi dilakukan pada awal siklus masing-masing subdivisi
- Post test subdivisi dilakukan pada akhir siklus masing-masing subdivisi
- Portofolio dievaluasi 4 (empat) kali yaitu setiap 6 (enam) bulan
- Ujian Tahapan dilakukan 1 (satu) kali setelah yang bersangkutan menyelesaikan siklus subdivisi di tahap II, jika tidak lulus maka diberi kesempatan melakukan ujian ulang 1 (satu) kali/siklus (1 kali/3 bulan)

JADWAL EVALUASI

Penilaian	Tahun											
	Jan	Feb	Mar	Apr	Mei	Jun	Jul	Agt	Sep	Okt	Nov	Des
MINI-CEX												
CbD												
DOPS												
Ujian Board												
Portofolio												
Ujian Akhir												

Keterangan:

Selama 1 (satu) tahun pembelajaran, bagi masing-masing peserta PPDS IPD tahap III:

- MINI-CEX, CbD dan DOPS dilakukan 1 (satu) kali
- Ujian Board dilakukan 1 (satu) kali dan jika tidak lulus maka diberi kesempatan melakukan ujian ulang sesuai jadwal
- Portofolio dievaluasi 2 (dua) kali
- Ujian akhir dilakukan 1 (satu) kali

TAHAP III



BAGIAN ILMU PENYAKIT DALAM
FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN

Sertifikat Kompetensi

Tahap I-A

NO: /H4.8.4.5.14/PM.05/VI/2011

Diberikan Kepada:

Ketua,

Prof. Dr. dr. Syakib Bakri, Sp.PD, K.GH
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