

Fenomena Failing to Fail pada Dosen Kedokteran Gigi di Indonesia: Sebuah Penelitian Eksploratif = Failing to Fail in Dental Education in Indonesia: An Explorative Study

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Abstrak

Pendahuluan: Dalam pendidikan kedokteran, beberapa penelitian menunjukkan bahwa penilaian yang diberikan oleh dosen tidak selalu sesuai dengan kemampuan mahasiswa yang sesungguhnya. Dampaknya dapat merugikan mahasiswa, dosen, bahkan pasien. Penelitian mengenai fenomena penilaian kompetensi mahasiswa yang kurang tepat, yang disebut dengan failing to fail, belum pernah dilakukan di pendidikan kedokteran gigi di Indonesia. Penelitian ini bertujuan untuk mengeksplorasi fenomena failing to fail pada dosen kedokteran gigi di Indonesia.

Metode: Penelitian kualitatif deskriptif ini menggunakan wawancara mendalam yang dilakukan terhadap 10 narasumber. Transkrip wawancara dibuat secara verbatim dan dianalisis menggunakan metode SCAT (Steps for Coding and Theorization). Analisis dokumen dipilih sebagai metode triangulasi data serta prosedur member checking dilakukan untuk validasi data.

Hasil penelitian: Bentuk asesmen berupa diskusi kasus, observasi pekerjaan klinik, OSCE, ujian komprehensif, DOPS, dan Mini-CEX. Bentuk failing to fail terdiri dari pengurangan jumlah requirement, penurunan standar, dan perubahan bentuk asesmen. Penyebab failing to fail: Tahap pre-decision, profesionalisme dan persepsi dosen terhadap asesmen yang keliru, kemampuan dosen kurang dalam melakukan asesmen, keterbatasan waktu pelaksanaan asesmen dan rasio dosen dan mahasiswa yang tidak ideal. Tahap driver, ketidakpahaman dosen terhadap tingkat kompetensi, adanya fenomena failing to pass, rubrik penilaian tidak ada atau sulit digunakan, sarana dan prasarana tidak memadai, serta performa mahasiswa yang buruk secara klinis dan profesionalis. Tahap primary decision, keahlian dosen bukan pada materi yang diujikan, adanya keinginan dosen untuk menjaga hubungan baik dengan mahasiswa atau orangtuanya. Tahap communication, adanya anjuran dari atasan dan tidak adanya program remedial.

Dampak failing to fail dapat terjadi pada dosen, mahasiswa, pasien, dan profesi dan institusi pendidikan.

Kesimpulan: failing to fail harus dicegah dengan cara memberikan pelatihan asesmen dan profesionalisme serta menyediakan sistem dukungan bagi dosen; memberikan pelatihan asesmen dan menyediakan sistem dukungan bagi mahasiswa; serta membuat sistem asesmen yang optimal dan rasio dosen dan mahasiswa ideal agar bisa menyediakan program remedial bagi mahasiswa.

.....Introduction: In medical education, several studies have shown that assessments provided by clinical instructors are only sometimes consistent with the actual competencies of medical students. This condition can harm students, clinical instructors, and even patients. Research on inadequate student competence assessment, known as "failing to fail," has not yet been conducted in dental education in Indonesia. This study aims to explore the failing to fail phenomenon among dental clinical instructors in Indonesia.

Methods: This descriptive qualitative study employed in-depth interviews with ten respondents. Interview recordings were transcribed verbatim and analysed using the SCAT (Steps for Coding and Theorisation) method. Document analysis was chosen as a data triangulation method, and member-checking procedures

were conducted for data validation.

Result: Assessment methods included case discussions, clinical work observations, OSCE (Objective Structured Clinical Examination), comprehensive exams, DOPS (Direct Observation of Procedural Skills), and Mini-CEX (Mini-Clinical Evaluation Exercise). Failing to fail was found in reducing requirements, lowering standards, and changing the assessment format. The causes of failing to fail were categorised into four stages. The pre-decision stage consists of incorrect perceptions of assessment by instructors, inadequate assessment skills of instructors, limited assessment time, and an unfavourable faculty-to-student ratio. In the driver stage, instructors' lack of understanding of competency levels, the phenomenon of failing to pass, the absence or difficulty in using assessment rubrics, inadequate facilities and resources, and poor clinical and professional performance of students were the contributing factors to failing to fail. In the primary decision stage, instructors' lack of expertise in the tested material and the desire to maintain good relationships with students or their parents were the factors. In the communication stage, there were recommendations from the faculty and a need for remedial programs. Failing to fail can affect instructors, students, patients, and the public image of the profession and educational institutions.

Conclusion: Failing to fail should be prevented by providing assessment and professionalism training and establishing support systems for instructors, providing assessment training and support systems for students, and creating an optimal assessment system and an ideal faculty-to-student ratio to facilitate remedial programs for students.