INTISARI

Latar belakang: Kurikulum berbasis kompetensi telah mengubah Pendidikan kedokteran. Pada bidang asesmen lahirnya pemahaman bahwa asesmen merupakan proses longitudinal yang terintegrasi dengan kurikulum dan pendampingan proses belajar mahasiswa menciptakan pendekatan *programmatic assessment*. Salah satu komponen di dalamnya adalah *supporting activity* yang memungkinkan asesmen memberikan kebermaknaan bagi proses belajar mahasiswa sekaligus mendorong kemandirian dan individualisasi proses dan perencanaan pembelajaran. *Supporting activity* didasarkan pada aktivitas refleksi dan umpan balik berkesinambungan yang difasilitasi dengan instrumen semisal portfolio. Hingga saat ini belum banyak penelitian mengkplorasi secara mendalam *supporting activity programmatic assessment*.

Tujuan: Penelitian ini bertujuan untuk mengetahui kesiapan implementasi *programmatic assessment*, menganalisis kualitas *mentorship*, dan mengidentifikasi faktor-faktor pendukung dan penghambat implementasi *mentorship* portfolio *supporting activity* yang selaras dengan prinsip *programmatic assessment*.

Metode: Penelitian ini menggunakan pendekatan metode campuran desain *sequential explanatory*. Kuesioner *Maastricht Clinical Teaching Questionnaire* (MCTQ) dan kuesioner kesiapan *programmatic assessment* digunakan untuk menilai kesenjangan kesiapan *programmatic assessment* dan praktik mentoring yang dilanjutkan dengan fase kualitatif untuk mengidentifikasi faktor pendukung dan penghambat implementasi. Metode statistik hipotetis digunakan untuk mengklasifikasikan kesiapan *programmatic assessment*. Uji Mann-Whitney U digunakan untuk menganalisis perbedaan hasil MCTQ antara mahasiswa dan mentor. FGD dan wawancara semi terstruktur dengan mahasiswa, mentor, dan pemangku kepentingan dilakukan dalam fase kualitatif dan dianalisis menggunakan Analisis konten.

Hasil: Komponen *supporting activity* menjadi salah satu komponen dengan skor kesiapan terendah. Hal tersebut selaras dengan hasil komponen *exploration* MCTQ yang menunjukkan perbedaan signifikan di antara kedua kelompok ($p < 0,05$). Analisis kualitatif mengungkapkan beberapa faktor pendukung dan penghambat serta rekomendasi pelaksanaan pementoran *supporting activity* berbasis portofolio yang sesuai dengan prinsip *programmatic assessment*.

Kesimpulan: Kesiapan *supporting activity programmatic assessment* memberikan tantangan yang cukup besar. Berbagai faktor pendukung seperti praktik umpan balik awal; kondusifitas lingkungan belajar; antusiasme mentor; praktik portofolio dan asesmen multimodal yang telah dilaksanakan harus menjadi daya dorong implementasi *programmatic assessment* institusi. Sementara, berbagai faktor penghambatnya adalah fungsi portofolio yang belum optimal; kuantitas dan kualitas umpan balik yang rendah; kurangnya kebermaknaan umpan balik mentor; keterampilan refleksi siswa yang rendah; inefektivitas bimbingan kolaboratif; penilaian formatif yang tidak memadai; dan tidak adanya mentor sebaya. Beberapa faktor penghambat yang muncul terkait dengan konteks sosiokultural Asia Tenggara.

Kata kunci: Kedokteran**,** *mentorship*, portofolio, *programmatic assessment*, *supporting activity*

ABSTRACT

Background: Competency-based curricula have transformed medical education. The understanding that assessment is a longitudinal process integrated with the curriculum and assisting the student learning process creates a programmatic assessment approach. One of the components in it is a supporting activity that allows assessment to provide meaningfulness to the student learning process while at the same time encouraging independence and individualization of learning processes and planning. Support activities based on kite reflection and feedback are facilitated with a portfolio of such instruments. Until now, little research has explored in-depth programmatic assessment-supporting activities.
Objectives: This study aims to determine the readiness of programmatic assessment implementation, analyze the quality of mentorship, and identify enablers and hindering factors for the implementation of mentorship portfolio supporting activities that align with the principles of programmatic assessment.
Methods: This study uses a mixed methods approach with a sequential explanatory design. The Maastricht Clinical Teaching Questionnaire (MCTQ) questionnaire and programmatic assessment readiness questionnaire were used to assess the gaps in programmatic assessment readiness and mentoring practices, followed by a qualitative phase to identify supporting and inhibiting factors for implementation. Theoretical statistical methods are used to classify programmatic assessment readiness. The Mann-Whitney U test was used to analyze differences in MCTQ results between students and mentors. FGDs and semi-structured interviews with students, mentors, and stakeholders were conducted in the qualitative phase and analyzed using content analysis.
Results: The supporting activity component is one of the components with the lowest readiness score. This is in line with the results of the MCTQ exploration component, which showed significant differences between the two groups ($p < 0.05$). Qualitative analysis reveals several enablers and hindering factors and recommendations for implementing portfolio-based mentoring activities that comply with the principles of programmatic assessment.
Conclusion: The readiness of the supporting activity component of the programmatic assessment poses quite a big challenge. Various supporting factors such as early feedback practices; a conducive learning environment; mentor enthusiasm; portfolio practices, and multimodal assessments that have been carried out must be the driving force behind the implementation of institutional programmatic assessments. Meanwhile, the various inhibiting factors are the not optimal portfolio function; low quantity and quality of feedback; lack of meaningfulness of mentor feedback; low student reflection skills; ineffectiveness of collaborative guidance; inadequate formative assessment; and the absence of peer mentors. Some of the inhibiting factors that arise relate to Southeast Asia's sociocultural context.
Keywords: Medicine, mentorship, portfolio, programmatic assessment, supporting activities