



IMPLEMENTATION AND RELEVANCE OF CURRICULUM OF HEALTH INSURANCE DIPLOMA AT THE HEALTH INSURANCE EDUCATION INSTITUTIONS

Catur Septiawan Gunarto^{1✉}, Achmad Lukman Hakim²

^{1,2}Health Insurance Program, Sekolah Tinggi Ilmu Kesehatan Indonesia Maju (STIKIM), Indonesia

Article Info

Article History:

Submitted 3 Oktober 2017

Accepted 5 November 2017

Published January 2017

Keywords:

Evaluation; Implementation; Curriculum; Graduate

DOI

<http://dx.doi.org/10.15294/kemas.v11i1.3521>

Abstract

Good quality curriculum is very important to create highly competitive graduates, thereby it require curriculum review regularly to adjust recent health insurance institutions needs based on graduates users needs particularly at the Diploma Program of Health Insurance STIKIM. The research aims to understand the implementation and relevance of the diploma program curriculum in health insurance at the health insurance education institutions. We used a qualitative method by interviewing 5 informants who consists of the Head of Health Insurance Diploma Program STIKIM, 1 lecturer, 1 alumni, 1 student, and 1 graduate user, and then the data were analyzed using Bogdan and Biklen model. The result showed curriculum implementation of Health Insurance Diploma Degree STIKIM 2010 academix year still relevant to the expected measure, this reflected from alumni is easier getting a job in their respective field. However, there are still weakness in the implementation of the curriculum such as internship program for final year student is still limited due to lack of cooperation with government and private sectors. This study concluded that curriculum of Health Insurance Diploma Program STIKIM 2010 academic year is still relevant to the needs of graduates users, so for now it is no needs to update the curriculum of Health Insurance Diploma Program STIKIM 2010 academic year.

Introduction

Indonesia is one of 16 strongest economy worldwide. Moreover, more than half (53%) of urban population contributed to about 74% local revenues. In fact, Indonesia currently has 55 millions educated workforce. Although this country has less doctor graduates and limited research fund compared to developed countries, the reality is Indonesia has important role in world economy. It may be possible at the year 2020, Indonesia would be the 7th greatest country in economy. So it may impact the urban population to increase, from

53% to 71%, therefore local government revenue will also increasing, from 74% to 86%; educated workforce will also increase, from 55 millions people to 113 millions people, etc. (Sutrisno and Suryadi, 2016). These data represent strong reason why Indonesia must able to compete with other countries, begin with ASEAN countries. With the all limitation, currently Indonesia should be considered in the world . Nevertheless, Indonesia has to prepare itself for incoming 2030. If it isn't well-prepared, Indonesia will suffering from poverty, despite this country succeed becoming 7th greatest

✉ Correspondence Address:
Program Studi Asuransi Kesehatan,
Sekolah Tinggi Ilmu Kesehatan Indonesia Maju (STIKIM)
Email : uima.penjaminmutu@gmail.com

economy in the world. If it happens, foreigners will prosper, native Indonesian people not (Sutrisno, 2016).

Economical and political changes that happend today have brought healthcare system transformation. Some changes are related to health policies such as 1) Law No.1 year 2004 on State Treasury, 2) Law No. 32 year 2004 on Local Government, 3) Law No. 40 year 2004 on National Health Insurance System (SJSN), 4) Law No. 24 year 2009 on Social Security Provider (BPJS), 5) Law No. 25 year 2009 on Public Services, 6) Law No. 36 year 2009 on Healthcare, 7) Law No. 44 year 2009 on Hospital. These policies bring significant impact on healthcare system development (Pudjihardjo, 2012). Development of a country needs two main assets which is natural resource and human resource. These two resources are important in determine successful development. But, which resources are more important, the answer is absolutely human resourcest. These can be observed from the progress made by some countries as indicator of succesful nation development (Kamalia, 2012)

Healthcare workforce are an important elements and affecting to all aspect improvements in universal healthcare system (Saputra, 2015). Indonesia has been left behind from neighbour countries such Philipine and Thailand in health insurance scope. The effort to accomplish national health insurance are disturbed by national economy issues, health facility, and availability of healtcare workforce.

The solutions began to appear in policy making to accelerate the realization of universal health coverage.. However, these solutions could turn darksome if we dont anticipate health workforces needs and supplies (Thabarany, 2016). Insurance workforce are really needed to support public health system. This is following by insurance industry growth in Indonesia. Insurance industry have earned highest average growth of gross premium during 2010-2013, about 29,9 %, this industry also role as biggest contributor (57,99% in 2013). The growth of health insurance industry are following by civil servants and National Army of Indonesia (TNI)/ Indonesia Republic Police (POLRI) with 23,2% average growth of gross premium. Next, it is followed by social insurance and

labor sector with 21,66% average growth of gross premium, also 15,58% average growth of gross premium of Non-life Insurance and Reinsurance Business (Djaelani et.al., 2014). High quality human resources are contextual process, so education effort not just merely preparing to get adequate knowledge and skills needed for managing natural resource available, but more than that, the goal is public welfare (Kamali, 2012).

Higher education as scientific community expected to actively participate as a problem solver and problem finder of public issues by producing applicable sciences. Therefore, knowlegde obtained from research could be used to explain, predict, events in daily life, business and indutstry world (Yuliawati S, 2011). Higher education is expected able to stimulate competitiveness atmosphere through its responsibility to produce spiritual, smart, creative, professional, productive, discover inovation through research, capitalize the knowledge, arts and technology, to improve nation welfare thorough public services (Siburian, 2010). Thereby, higher education must prioritize quality improvement and competitiveness in order to anticipate future changes. Quality improvement must be done countinously. The quality improvement is showed through value appreciation and practice, believe in faith, good moral, ethical, and independent and strong personality. Quality improvement can be seen in national economic development, particulary on ASEAN Free Trade and Asia Pasific which highly competitive and determine the true nature of a nation among others developed countries. Many effort have been done to accomplish higher standard of human resources (Ambarita, 2010).

The International Bureau of Education UNESCO define the education goal in 21th century. According to UNESCO, education is expected to provide opportunity to all student to acquire four education pillar, that is learning to know, learning to do, learning to be, dan learning to live together; in order to develop skill and become long life learner (Anih, 2015). Put in simply, successful higher education could be achieved by good curriculum management. Curriculum implementation in Indonesia has

been change a lot recently in no time. When education community begin to adapt with newest curriculum and implement it, but the policy is change again, as the result they will look curriculum as “ritual syariat” only, and not willing to implement the competency in the curriculum (Solikhah, 2015).

Teaching and learning activities plan are arranged based on the expertise of the lecturer. There are some teaching planning model that developed by Reiser and Mollenta, called ADDIE model (1990). ADDIE model arranged systematically by using development process as follow: analysis, design, development, implementation and evaluation which is shortened as ADDIE. After through good teaching process, it is expected to make high quality graduates. There are indicator to evaluate graduates achievement, which is to make sure that its graduates could get appropriate job. These achievement also bring university getting name and trust from student candidate and community, followed by improvement of input quality and quantity (Dirjen Dikti, 2014)

The eksistence of curriculum are important to produce highly competitive graduates, thus it required curriculum review regularly to adjust its relevancy with institution needs, particularly at Health Insurance Diploma Program STIKIM. This study aims to describe curriculum implementation of Insurance Health Diploma Program STIKIM 2010 academic year toward achievement of the student.

Method

The study used qualitative method which collect data descriptively from written, spoken or behavior of the subject (Moleong, 2007). This study focus on curriculum implementation of Health Insurance Diploma Program STIKIM 2010 academic year toward student achievement. The study conducted from July – August 2016 at STIKIM. To collect data from the subject, we used interview, observation and documentation study approach.

We interviewed representative people to reveal main issues assisted with interview guideline. We performed open and less structural interview where the question is adjusted to get information needed. The interview also recorded for documentation

purpose, beside the non-verbal reaction was noted by the interviewer. The interview was done until big picture of issues are taken and information exploration is sufficient. Therefore, primary data were non-directive, that is based on informants thought and feeling, after that these data were process into directive data based on researcher view.

Beside interview, we observed subject behavior that reflects curriculum implementation at Health Insurance Diploma Program STIKIM 2010 academic year. We observed actual teaching and learning process in class or observation to graduates user. Eventhough, majority of data based on observation and interview, we strengthen the data quality by collect other information from appropriate documents. These documents could be triangulation source to checking all data validity. These documents are curriculum files, evaluation of teaching implementation files, laws and regulation, reference books, reports, magazines, journals, and other media related to research issues.

Data were divided into primary and secondary resources. In this study, the accuracy and quality of information is essential rather than sample size. So, sample were not determine at the beginning of study, but it is determined until the data we got is accurate, valid and high quality. We chose main informants that is really know or person who directly involved in the issues. The informant chosen by purposive sampling method by certain consideration, therefore only who directly involved that can be an informant. Seeking for informants is stopped, when the information acquired are the same or saturated, or due to limited time and cost consumed. So based on these criteria, we chose Chief study program of Halth Insurance Diploma Program STIKIM, one lecturer, one Diploma student, one alumni and one graduates user.

Data that have been collected then analyzed using Bogdan and Biklen model, which is working with available data, organize the data, and sorting data so it can be manage, discover important issue, and decide what to tell to others. (Moleong, 2007). First step is collect available data, then arrange systematically, finally present the result to others. We used

short narrative text, table, relation between category and flowchart to present the data. Most commonly, we will present these result with narative text.

Result and Discussion

There are some learning planning model to observe implementation and result of learning through evaluation, one of them is ADDIE model. ADDIE model is developed by Reiser and Mollenda. ADDIE model arranged systematically by using development process as follow: analysis, design, development, implementation and evaluation which is shortened as ADDIE. The ADDIE model presented at following chart.

Result and discussion of this study is adjusted with model above, regarding curriculum implementation and evaluation toward learning achievement. Based on the result from curriculum determination, then implemented it in learning process, the outcome of these step are implementation of independent or guided learning. Curriculum may evaluate from various aspect such as learning objective, contents, organization, methodology, and learning achievement.

Learning objective is divided into standart competence and basic competence, and is assigned permanently. Standart competence and basic competence have been defined as national indicator of learning, so the lecturer can't change this. Contents of learning provide all learning material and explanation that be used to teach certain topic.

Teaching materials referred to study teaching materials. In terms of raw material

curriculum referred to contents and describe the teaching materials that will be presented to the learner. Organization show the preparation patterns of teaching materials. The methodology is the implementation of the curriculum in the process of learning and teaching methods accordingly. Evaluation is the conformity assessment of learning outcomes with the standards competence and basic competences, contents-learning methodology and results (Richards, 2013).

Curriculum implementation begin by looking at the profile of graduates. Graduate profile is a description related to competence (attitudes, knowledge, and skills) that manifested into role and functions that can be applied by college graduates upon entering the social life and working world (Sutrisno, 2016). How a study program preparing for graduates profiles, this is statement regarding the preparation of graduate profile from one of informants:

“Graduate profile making begin with analysis of internal and external aspects. For internal aspects by conducting a SWOT analysis as a scientific vision and academic values, while the external aspects gathered from tracer study by the alumni, need assessment analysis from stakeholders, professional associations, user graduates and identification of local wisdom. From the input of these aspects, the study program formulate relevant graduates profile associated with the user’s

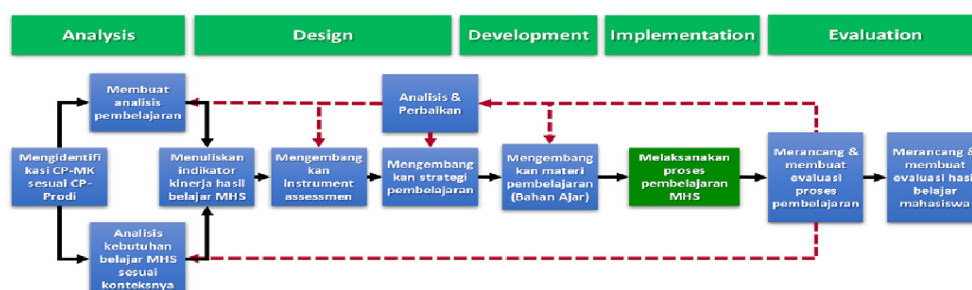


Figure 1. ADDIE learning planning model & Dick-Carey

Source: Directorate General of Higher Education (2014). Higher Education curriculum book. Jakarta: Learning and Student Affairs Directorate, Directorate General of Higher Education, Ministry of Education and Culture

needs and the graduate job market demands related to various criteria and requirements of the work needed. To support the profile, certainly there are courses that support the creation of the graduate profile, such as Marketing and Underwriting, Commercial Health Insurance and Managed Care, Development Relation and Negotiation, Claims Management, Utilization Review and Fraud, Insurance Administration, Program and Project Health planning and Actuarial (Informant: Head of study program)".

In preparing graduates profile, involvement of professional associations and stakeholders will contribute to obtain convergence and connectivity between educational institutions and stakeholders who later on employ their students. This ensures the quality of the graduate profile. To establish distinctiveness of study program, it is recommended to identify the strengths or local/regional wisdom. So that the formulation of the profile will contain information regarding to answer the issues and challenges that develop or appear in their respective areas, even if it needs to be the excellent value of the study program (Sutrisno, 2016). Here is a statement from the informant about how the profile description Health Insurance Diploma Degree STIKIM :

"Profile of the graduates is likened to what after graduating from the study program or the role of what can be done by graduates in his field of expertise after completion of studies in the study program. Here, the profile graduate Health Insurance Diploma Degree STIKIM is expected to act as marketers, communicators and administrators implementing in the field of health insurance. The graduate profile refers to the level-5 in accordance with the academic qualification KKNI" (Informant: Head of study program).

The graduate of Health Insurance of Diploma Degree STIKIM is appropriate to their corresponding profile, supported by the statement of one of the informants which is

a user graduate Health Insurance Diploma Degree STIKIM:

"Our company received a graduate of the Health Insurance Diploma Degree STIKIM indeed because of his profile fit with the needs of our company, which is clever in marketing insurance products, and skilled in communicating with customers and have the skills to keep the administrative discipline to be placed on the provider relations, administration of participants, case monitoring, policy analysts, and the verifier claims" (informant: User graduates).

Statement of the user graduates were also in line with statements from other informants:

"Yes, i was doing my first internship there, after my internship was over, I immediately getting a job in that company" (informant: Alumni).

A profile is a role that is expected to be done by graduates in the community/working world. This profile is the outcome of education that will be addressed. By setting up profiles, universities can provide assurance to potential students what the role can get after he underwent all the learning process in that study program (Febriyanti, 2013). If adapted to study the documentation on the book Higher Education Curriculum, Directorate General of Higher Education (2014), Health Insurance Diploma Program STIKIM are quite good in the formulation of the graduate profile, that profile shall refer to the level of academic qualification in accordance with KKNI. Profile graduates have also been relevant to the needs of user graduates and labor market demands related to various criteria and requirements of the work needed.

The profile that has a clearly defined will be the main asset in developing a study program learning achievement statement. After setting up profiles as an educational outcome, then the next step is to determine what competencies should be owned by the graduate study program as a learning output (Febriyanti, 2013). In the implementation of the curriculum, study program formulate and determine the

competence of graduates or in KKNi known as learning outcomes. How Health Insurance Diploma Program STIKIM arrange learning outcomes to the learning outcomes formulated and assigned Health Insurance Diploma Program STIKIM, following a statement from the informant:

“The flow of drafting learning outcomes derived from the profile, beginning with the general description as the identifier of the graduates. To set the learning achievements can be done by answering the question like

‘to be a role ... such roles as executive administrator, graduates should be able to do what?’ Take a look what learning outcomes of Health Insurance Diploma Program STIKIM achieved in graduates (meanwhile showing us the Handbook for Curriculum of Health Insurance Diploma Program STIKIM Revised Edition 2015) “(Informant: Head of study program).

If we look at Manual Curriculum Studies Program Diploma Health Insurance STIKIM Revised Edition 2015, the formulation of

Table 1. Profile dan Graduate Competency of Health Insurance Diploma Program STIKIM

Profile	Standard Competency
Marketer	<p>Able to market health insurance products by the method of branding strategy to achieve the target of sales of products under competitive conditions\</p> <p>Able to achieve knowledge of health insurance and managed care, so as to solve the problem of the clients in the selection of health insurance products offered</p> <p>Being able to manage marketing plans of health insurance by teamwork until make a report of continuous marketing activities</p> <p>Being able to provide services in the insurance brokerage by positioning itself as a good partner in offering so that clients purchase insurance products offered under conditions of competitive products</p>
Communicator	<p>Able to communicate effectively and efficiently in providing insurance services to deliver the right information about the policy, administrative processes, and risk / claims incurred by procedural set by the company</p> <p>Able to negotiate in resolving problems concerning clients health insurance with mastering the theoretical concept of social insurance so as to minimize the losses of the company</p> <p>Able to build relationships by expanding network with qualified providers to enhance the corporate image and provide added value to the services in conditions of global economic situation is constantly changing</p> <p>Being able to communicate actively in carrying interpersonal and group insurance services with the implementation of work procedures without the need for supervision</p>
Administrator	<p>Able to verify the claims, underwriting and monitoring the implementation of hospital utilization review program to prevent fraud and moral hazard on the quality of service which is always monitored either by the insurance company</p> <p>Able to control financial risk management through membership administration and actuarial concepts to create and establish a competitively priced insurance products</p> <p>Able to prepare insurance financial report comprehensively that can simplify the process of analysis and decision making claims adjusted with the client's needs</p> <p>Able to carry out a series of tasks in the administrative offices of health insurance organization to interpret the information and use of electronic tools with the latest technology, based on the standard operating procedures, and be able to demonstrate performance with measurable quality and quantity, which is partly a result of self-employment</p>

Source: Handbook for Curriculum Studies Diploma Health Insurance STIKIM Revised Edition 2015

learning outcomes above have been adjusted to the description on the ladder KKNI general description. In Permenristekdikti No. 44 in 2015 stated that the formulation of the learning outcomes of graduates shall: (a) refer to the description of the learning outcomes of graduates KKNI; and (b) as an equal with the level of qualification at KKNI. In this case the achievement of learning Health Insurance Diploma Program STIKIM already contains what is listed on the formulation of a common description on level 5 KKNI, which is capable of completing the job in broad area, select the appropriate method from the various options that have been or not raw by analyzing the data, as well as able to demonstrate performance with measurable quality and quantity; master the theoretical concepts in general area of knowledge, and be able to formulate a procedural problem solving; able to manage working groups and prepare a written report in a comprehensive manner; and is responsible for his own work and can be held accountable for the achievement of the group's work.

In the implementation of the curriculum, the Health Insurance Diploma Program STIKIM set of study materials and the level of breadth and depth of study to meet the achievement of learning outcomes. How is study program set the course material, this is the state of the informants:

“On the set breadth and depth of material studies, basically derived from the learning outcomes that have been set as stated previously. Practically, mapping levels of breadth and depth of material can be done by answering the question ‘what are the materials that need to be studied to achieve the learning outcomes? ‘Mapping of the breadth and depth of learning materials could also use another question, namely ‘to achieve the learning outcomes that ..., then what knowledge is needed?’ The answer to that question will yield detailed information about the scope and depth of a subject “(Informant: Head of study program).

After getting various studies, Health Insurance Diploma Program STIKIM establish

the depth of the material to be delivered. In the process of determining the depth of the material refers to the SN-DIKTI, namely Permenristekdikti No. 44 2015 Article 9 which have set the framework level. The depth and breadth of learning material Health Insurance Diploma Program STIKIM, that is master the theoretical concepts specific areas of knowledge and skills in general. Selection of study material is heavily influenced by the vision of scientific respective study program, which can usually be taken from programs development (e.g. research taken from the study program research tree). The level of breadth, detail, and depth of study materials is an autonomous scientific society in the selection of courses (Febriyanti, 2013).

All the depth and breadth of learning materials that are set to achieve the learning outcomes is packaged in the form of courses. The following statement regarding the formation of the structure of the research informants:

“Formation of a subject by analyzing closeness of study materials and the possible effectiveness of competency achievement when some study material studied in the course, and with the strategy or appropriate learning approach. While the amount of credits a course is done by simultaneously analyze multiple variables, such as the level of proficiency to be achieved; the level of breadth and depth of study materials are studied; ways or strategies that will be applied; a learning activity carried out; and comparison to the overall weight of study in one semester, with the weight of 60% practice and 40% theory. “ (Informant: Head of study program).

The curriculum is a set of plans and arrangements regarding the content and study materials and lessons as well as the delivery and implementation guidelines for the assessment used as a teaching and learning in higher education. For the higher education curriculum, the respective college refers to the national education standards for each subject. The basic framework and structure of the higher education curriculum developed

by the respective universities refer to national standards for each subject (Asmawi, 2005).

To produce high quality graduates, Health Insurance Diploma Program STIKIM cooperate with the business / industry as an users graduate to mix until the formation of curriculum structure. This is done by involving members of students, alumni and companies that represent the business community, to provide useful input to produce graduates Health Insurance Diploma Program STIKIM are expected to take part in the globalization era. To that end, it is necessary to structure the curriculum contains new programs such as the international language proficiency, computer technology, interships programs, and ethic matters.

Implementation of the curriculum derived in the learning process. The learning process is a process in which the lecturer presents a variety of strategies and methods of teaching, so their students able to develop their potential. Here is a statement from the informant about learning strategies Health Insurance Diploma Program STIKIM aimed at achieving the learning outcomes:

“Before beginning the lecture begins, Health Insurance Diploma Program STIKIM does a meeting to discuss the program of teaching and learning activities for the next semester. We discussed the readiness of the semester learning plans that have been made by each lecturer of respective course, preparing teaching strategies, resources and learning tools are needed, as well as infrastructure to support teaching and learning activities” (Informant:Head of Study Program).

Informant statements above was supported by a permanent lecturer. Here is the answer from permanent lecturers:

“Yes, indeed, I and other lecturers, before new semester begins, we are invited by Head of Health Insurance Diploma Program STIKIM for a meeting. As a lecturer, we prepare learning material plan that will be delivered to students, it is written

in lesson plans documents. These documents contain teaching materials that would be implemented, necessary infrastructure, learning resources, learning tools, and learning assessments “(informant: Lecturer).

In line with the opinion delivered by the lecturer, students also said the same things:

“Before the new semester begins, like usual, we do re-registration and then fill out study plan card, shortly after, the first lecture begin. So when the first lecture conducted, we always get explanation about the lesson plan in that one semester for each course. The lecturer also explained about learning objectives, all literature that need to studied, and a picture of the course material “(Informant: Student).

The opinions of the student also agreed by the opinions of informants alumni who said the following:

“Back when I was in college, at the beginning of lecture, we were explained about the semester lesson plan of courses that students take. From there, it was known what the students will achieve after completing the course “(Informant: Alumni).

Learning strategies of Health Insurance Diploma Program STIKIM preceded by a meeting to discuss teaching program and learning activities for one semester ahead. The learning strategies are made to achieve the learning objective. Components of learning strategies in curriculum evaluation covering the various efforts and support needed to achieve the goals based on the content. This component through various approaches and teaching methods, as well as the equipment used by each course. Included in this component is the evaluation process and the learning objectives of each courses. The criteria used in the evaluation is the conformity and accuracy, clarity of the formulations. The objective of the evaluation in this component include relevancy of material with the objectives, validity of the material according to the prevailing view, output and depth of the material, students needs and

experiences, and conformity with the time and facilities available (Sinambela, 2010).

Beside learning strategies, teaching methods also contribute to maximize the development students potential. In addition, learning methods used in Health Insurance Diploma Program STIKIM already appropriate, which is using student center learning, it was revealed on the statements of informants Head of Health insurance Program Diploma STIKIM as follows:

“When semester begins, it is given for about 16 weeks of learning activities for each semester. We applied student-centered learning approach as learning process. Lecturers act as a facilitator and an evaluation conducted together with students, it also using many media (multi-media), not only emphasizes to achieve the competency, but also developing student character (life-long learning). Learning methods that lecturers used such as group discussions, case studies, and even for health insurance entrepreneurship courses, students used project-based learning, which students are asked to realize their ideas to be used as a business model that is beneficial for them “(Informant: Head of Health Insurance Diploma Program).

Statement of Head of Health Insurance Diploma Program STIKIM about learning methods was appropriate, which used student-centered learning, it is supported by statements from informants lecturers:

“Regarding the implementation of learning activities, we do what we have planned before, so lecturer will teach what has been written in the semester learning plan. The lecturer is free to choose what method used, provided we applied student-centered learning approach. In this case, I acted as a facilitator in the learning process; understand the learning achievements of students subjects that need to be mastered at the end of the lesson; designing methods and appropriate learning environment;

provides a diverse learning experience is required in order to achieve competence required. “(Informant: Lecturer).

The opinions of the informants lecturers also reinforced by the opinions of informant student, who said the following:

“In the learning activities, we must understand the learning objectives of courses presented by lecturer, and apply lesson plans for the course followed. We students, actively learn by listening, reading, writing, discussions, and engage in problem solving and more importantly involved in high-level thinking, such as analysis, synthesis and evaluation, both individually and in a group. Lecturers always bring guest lecturers from outside the university, the guest lecturers are practitioners in the relevant field on the subject of what we learn, and then there is public lectures, which teaching method focused on the real world, we do direct observation as well as internships in health insurance companies, for example in the course organization and management of health services, health insurance accounting, and others “(informant: Student).

The learning method used in Health Insurance Diploma Program STIKIM was appropriate, which used student-centered learning. No matter how technology advances, the role of lecturers will still be needed. The technology may facilitate us to obtain information and knowledge, but it may not replace the role of the lecturer. Therefore, a lecturer is encouraged to become a facilitator, learning manager, demonstrator and evaluator, so that learning can take place in accordance with what was planned (Sinambela, 2010).

Beside implementation of the curriculum derived from ‘curriculum document’ in the form of Semester Lesson Plan (RPS), which must not be separated is a process of evaluation or assessment of learning outcomes either through exams, assignments, quiz, and others. All of these activities is an evaluation tool for

reconstruction of plan courses. In a student-centered learning approach, learning evaluation focused on 'students learning guideline' and the process becoming one with the assessment of learning outcomes by developing an assessment system at the learning activities, the learning process, not teaching process. The learning process with constructive principle requires students to be active at each meeting. If there is a problem of student learning, it can be detected early in the assessment process through student assignment, so it can be revision on the spot by system.

The process of assessing the student-centered learning approach performed during the process to see the development of learning outcomes in several stages. In this assessment, process will be very important, by examine, assess, provide direction and feedback to students, and using an instrument of assessment or evaluation as a benchmark of achievement.

The following statement Head of Health Insurance Diploma Program regarding the teaching evaluation:

"This study program each end of the semester is always perform regular evaluations related to what has been planned, in conformity with the implementation of learning that we have implemented. Implementation of the evaluation is using lecturer evaluation by study program, and lecturers evaluation by students. The results of these evaluations will be taken at the end of the semester meeting for revision purpose, for better implementation next semester "(Informant: Kaprodi).

The opinions of the informants Head of Health Insurance Diploma Program supported by lecturers informant, it was revealed from the results of interviews :

"At the end of the semester, We as a lecturer will be evaluated on the results of the learning activities that we have done during semester. Lecturers, education staff, and students will fill out a questionnaire about evaluation of the learning activities. These results will be use to improving the quality

in the next semester "(Informant: Lecturer).

Learning evaluation is also agreed by the informant students, it was revealed from the results of interviews :

"Yes, I was with other students after getting instruction, at the end of the semester we are required to fill the assessment form, otherwise, we could not see our grades. I think, until now the implementation is good enough, because I was a final year student, we have difficulty in finding internship places, it is due to the lack of cooperation with the government and private company, therefore it resulted in limited internships places for the final year students. Things like this are also felt by our previous students "(Informant: Student).

Alumni also said the similar things :

"Regarding the evaluation, back in my time as student, the overall learning activities was all fine. However, we had difficulty at the final year due to faculty cooperation with government and private companies in the field of insurance has not so much, so for internships places is limited. Luckily, I got a job at place of my internship. This company assumes I have competence in accordance with the company's requirements. It is certainly thanks to the knowledge that I got during my study at health insurance Diploma program STIKIM. Thankful i studied here, I experience easiness in adapting and i have competence needed, so I can do my work well "(Informant: Alumni).

The review of the evaluation system in the context of the implementation of the curriculum that applies is very necessary. The fundamental reason is that the evaluation is one of the principal components of the curriculum. If the study program / department develop a curriculum, then it should done a review toward evaluation conducted in accordance with the applicable characteristics of the curriculum

model used. In a learning systems, a series of evaluation process is begin with the planning, implementation evaluation, and evaluation of curriculum development. Existing curriculum should be evaluated in the outline learning plan which is implemented in the learning process. Evaluation is done on learning resources, lecturer and student learning activities. A series of activities in this evaluation will resulted in the development of learning (Casmimi, 2014).

Health Insurance Diploma Program STIKIM has implemented a good quality assurance system, able to develop its internal values to meet the dynamic needs of the stakeholders. Therefore the study program, easily get recognition from the surrounding local communities, even from the national health insurance company. The learning system is an important part to be able to produce graduates that are highly competitive. The system is able to provide a good learning experience for students learning to unlock the potential for them to internalize the knowledge, skills and attitudes as well as a learning experience before. Heterogeneity of students, infrastructure and facilities required, the number of students, and the characteristics of the subject fields, of course, requires strategies and appropriate methods. In the student-centered learning approach, not only emphasizes on learning outcomes but also in learning process in shaping the competency of students.

Conclusion

The conclusions of this study is curriculum of Health Insurance Diploma Program STIKIM in 2010 academic year are still relevant to the needs of users of graduates, so it is not necessary to change its curriculum, it is seen from the ease of alumni in obtaining employment in accordance with their fields. Nevertheless, there are still flaw in the implementation of the curriculum such as limited internships places for final year students due to lack of collaboration with government and private companies.

Acknowledgement

The authors wants to thanks to Health Insurance Diploma Program STIKIM that has facilitated this study. Moreover, the authors particulary wants to thanks to the students, faculty, alumni, graduates user and the Head

of the Health Insurance Diploma Program STIKIM who have participated in this study.

References

- Ambarita, B. 2010. Peningkatan Mutu, Relevansi dan Daya Saing Perguruan Tinggi Menghadapi Era Globalisasi. *Jurnal Generasi Kampus*, 3 (1): 1-17
- Anih, E. 2015. Manajemen Implementasi Kebijakan Pengembangan Kurikulum Di Perguruan Tinggi Berbasis Kompetensi. *Jurnal Pendidikan UNSIKA*, 3 (1): 1-21
- Asmawi, R. 2005. Strategi Meningkatkan Lulusan Bermutu di Perguruan Tinggi. *Jurnal Makara, Sosial Humaniora*, 9 (2): 66-71
- Casmimi. 2014. Evaluasi dan Peninjauan Kurikulum BKI Berbasis KKN. *Jurnal Hisbah*, 11 (1): 125-144
- Direktorat Jenderal Pendidikan Tinggi. 2014. *Buku Kurikulum Pendidikan Tinggi*. Direktorat Pembelajaran Dan Kemahasiswaan Direktorat Jenderal Pendidikan Tinggi Kementerian Pendidikan Dan Kebudayaan: Jakarta
- Djaelani et.al. 2014. Pertumbuhan Industri Asuransi Jiwa di Indonesia: Suatu Kajian dari Sisi Penawaran. *Jurnal Kawistara*, 1 (3): 257-273.
- Febriyanti. 2013. Kurikulum Pendidikan Tinggi di Era Globalisasi (Pergeseran Dari Kurikulum Inti dan Institusional ke Kurikulum Berbasis Kompetensi). *Jurnal Tadib*, 18 (2): 294-327
- Kamalia, H.N. 2012. Analisis Beban Kerja Dan Kebutuhan Tenaga Verifikator Klaim Kontrak Di Unit Penyelenggara Jaminan Kesehatan Daerah Pemerintah Daerah Provinsi DKI Jakarta. *Tesis*. Depok: Fakultas Kesehatan Masyarakat Program Studi Pascasarjana Ilmu Kesehatan Masyarakat Universitas Indonesia
- Moleong, L.J. 2007. *Metodologi Penelitian Kualitatif*. Bandung: Remaja Rosdakarya.
- STIKIM. 2015. *Pedoman Kurikulum Program Studi Diploma Tiga Asuransi Kesehatan Sekolah Tinggi Ilmu Kesehatan Indonesia Maju Edisi Revisi*. STIKIM: Jakarta
- Pudjirahardjo, W.J. 2012. Pengembangan SDM Kesehatan di Era Desentralisasi dan Mekanisme Pasar. *Buletin Penelitian Sistem Kesehatan*, 15 (1): 66-70.
- Purba, S. 2010. Peningkatan Kualitas Sumber Daya Manusia melalui Sektor Pendidikan. *Jurnal Generasi Kampus*, 3 (1): 65-80.
- Richards, J. 2013. Currciulum Approaches in Language Teaching: Forward, Central, and Backward Design. *RELC Journal*, 44 (1):5-33.
- Saputra et.al. 2015. Program Jaminan Kesehatan Nasional dari Aspek Sumber Daya Manusia Pelaksana Pelayanan Kesehatan. *Jurnal*

- Kemas*, 11 (1): 32-42.
- Siburian, P. 2010. Peningkatan Mutu Perguruan Tinggi melalui Manajemen yang Berorientasi Mutu. *Jurnal Generasi Kampus*, 3 (1): 117-128.
- Sinambela, P.N.J.M. 2010. Kurikulum Tingkat Satuan Pendidikan (Kajian Teoritis Tentang Evaluasi Kurikulum dalam Pembelajaran). *Jurnal Generasi Kampus*, 3 (1): 18-42.
- Solikhah, I. 2015. KKNi dalam Kurikulum Berbasis Learning Outcomes. *Jurnal Lingua*, 12 (1): 1-21
- Sutrisno dan Suyadi. 2016. *Desain Kurikulum Perguruan Tinggi*. Bandung: PT Remaja Rosdakarya
- Thabrany, H. 2016. Suplai Sumber Daya Manusia untuk Asuransi Kesehatan Nasional. *Jurnal Ekonomi Kesehatan Indonesia*, 1 (1): 1-10.
- Yuliawati, S. 2011. Kajian Implementasi Tri Dharma Perguruan Tinggi Sebagai Fenomena Pendidikan Tinggi Di Indonesia. Program Pascasarjana UHAMKA. *Majalah Widya*. 29 (318)