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QUALITY OF HIGH MEDICAL EDUCATION IN RUSSIA

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ABSTRACT

In-depth interviews were conducted with 83 residents of the dental profile of graduates of medical universities in Moscow, Krasnoyarsk and Ufa. As a result of studying the opinions of graduates of medical universities, certain difficulties were identified in the prospective development of professional growth and the passing the accreditation procedure. The dissatisfaction of the respondents was associated with the imperfection of the system of training and motivation of graduates to improve their professional skills and competencies. In this regard, measures are needed to improve the quality of training of medical personnel, as well as ways to improve and increase the availability of quality medical education.

Keywords: quality of education, continuous medical education.

BACKGROUND

Reforming health care over the past years has been a top priority for the state. Insufficient staffing of medical institutions with highly qualified personnel, depreciation of funds, low availability of high-tech medical care predetermines the need to reform not only practical healthcare, but also medical education [4,8,11].

Since 2012, a large-scale program has been underway to modernize university and postgraduate medical education, aimed primarily at improving the quality of specialist training and standardizing the system as a whole. The introduction of new forms and methods of formation of professional competence occurs at all levels of training, self-training and subsequent practical activities. One of the qualitatively new approaches is the system of continuous professional development. A promising option for the development of the CPD system is the introduction of distance learning [1,5,9,11].

The period of the pandemic and the forced transition of universities to distance learning showed that the traditional model of education needs to create new approaches to preparing students, introducing innovative technologies and developing digital literacy not only for students, but also for higher education teachers [10].

An important role in the provision of quality medical care to the population is played by the "continuous professional development" of medical workers, by definition this is the period after receiving basic education, postgraduate training and continuing throughout the practice. Continuous professional development implies that a doctor throughout his life must continuously undergo training, develop his medical and non-medical, commutative, interpersonal and managerial skills not for the sake of accreditation and continuous monitoring, but for the sake of improving the quality of care provided and responsibility to the patient [3,6,15].

Thus, the higher medical school is faced with the task of forming an integral standardized system of high-

quality medical education, which will improve the axiological foundations of human potential. The receiving of innovative education, the introduction of new technologies and the formation of value ideas of a medical student about their professional future in the healthcare system of the Russian Federation come to the fore [7].

The importance of the quality of training for highly qualified medical professionals, the need to reform the medical education system, envisages regular monitoring of novel research, current trends and prospects for improving the quality of medical training, as well as ways to improve and increase the availability of high-quality teaching in medical schools.

Continuing education allows you to constantly develop medical and non-medical competencies, including professionalism and interpersonal, managerial and communication skills, thereby continuously improving the quality of care provided to the population.

The main trend in the construction of continuous medical education is the individualization of education, which makes it possible to provide optimal conditions for the personal and professional growth of each student, taking into account his individual characteristics [2]. Individualization of the educational process is carried out in several ways:

1. Drawing up an individual curriculum of the student together with the teacher-adviser, who is the official link between the student and the educational structure. It fixes the educational programs that the student plans to learn, the content of the training, the duration of the training and the forms of payment.
2. Creation of a "portfolio", that is, an individual card index, which contains certificates, diplomas and other documents that confirm the knowledge, skills, and competencies that the student already has.
3. Mandatory support of the learning process by a teacher-consultant, who helps to manage the learning process from the moment the educational program is chosen, and in all difficult situations that arise during the educational process for the student.

Thus, in order to create a BDP system, it is necessary to form a modern regulatory and legal framework in the shortest possible time, including professional standards for postgraduate education, taking into account both domestic and foreign experience.

In 1993 The European Union of Medical Specialists (ECMS) adopted regulations for the training of physicians in the countries of the European Union [12]. The regulation is based on the fundamentals of European application to postgraduate medical training for all specialists. The task of the ECMS is not to replace, but to supplement the competence and high level of education of medical specialists in all countries of the European Union.

Postgraduate studies in the countries of the European Union should be provided with the formation of skills as a result of independent decisions, willingness to cooperate, checking the quality / safety of patient's treatment in the integrated provision of additional services. For narrow specialists, it is necessary to complete at least a 2-year course of study and the specialization in a particular subject area is possible only after that [14]. One of the most important professional competencies is the diagnosis and treatment of common dental diseases and their specific symptoms [13]. However, the development of a similar program in the Russian Federation is given less significant time (2 years, or 4,320 hours), which raises a legitimate question about the quality of training, primarily in relation to the formation and consolidation of professional skills and abilities.

It should also be emphasized that increasing the motivation for independent learning and the constant growth of the scientific and pedagogical qualifications of the teaching staff of medical schools, improving their own methodological skills in relevant subject areas should be the object of constant attention from both the teachers themselves and the teams where they work. Undoubtedly, the administration of medical educational institutions plays an important role in increasing the motivation of teachers. In particular, its role in planning the teaching load for teachers who pay more attention to their own professional - scientific and pedagogical development, material incentives for this activity, and the like.

One of the main factors for the successful implementation of state policy in the field of healthcare should be an effective personnel policy, regulated by the appropriate legal framework at the state level (relevant state concept) and the level of local communities in the context of decentralization, increasing the responsibility of the state, the community and the personal responsibility of everyone for the creation healthy lifestyle and disease prevention systems and should be based on the principle of mutual social responsibility.

The purpose of the study: to determine graduates' satisfaction with medical education.

MATERIALS AND METHODS

During the study, a series of in-depth interviews were conducted with medical graduates. Among the above-mentioned interviewees were graduates of medical universities in Moscow, Krasnoyarsk and Ufa. 83 in-depth interviews were conducted between January and March 2023. In-depth interview questions are presented in the appendix.

RESULTS

All respondents were asked about the need for an internship / residency after graduation. The vast majority of graduates consider it necessary to undergo additional training before starting practice, as this will help to smoothly start working with patients, under the supervision of a mentor, many students go to work without practicing manual skills, they especially noted the importance of training on a budgetary basis or a reduction in residency for one year, since without a diploma they do not allow students to practice at universities and after graduation, yesterday's student conducts medical activities and bears legal responsibility. There are very few opportunities for the development of manual skills in the process of studying at a medical university, the low interest of teachers in teaching students.

When asked what difficulties you encountered in the learning process, almost all graduates note the lack of opportunity to communicate with patients, little practice, a lot of testing, a lot of "unnecessary" written work, deadlines for completing tasks. The lack of opportunities for part-time work, due to the high workload was mentioned, leading to financial difficulties. More than half of the respondents noted difficulties with the interface, the old library fund: "we study using textbooks from 1992, what kind of modern education can we talk about", the availability of electronic literature and additional electronic resources, for example, the ability to listen to lectures remotely.

Discussing possible ways to solve the problem and what needs to be changed in the system of higher medical education, graduates suggest changing the format of education and transferring some disciplines that do not require direct contact with patients to a remote format, this will save time and get a part-time job in medical institutions, which again will increase the opportunities for the development of manual skills and communication interaction with patients, as well as improve the financial situation. They also noted the need to develop electronic educational resources, increase the availability of modern sources of information, both Russian and foreign. The vast majority consider it necessary to return the internship, remove accreditation after residency. 100% of respondents consider it extremely important to increase the number of hours for practice and development of manual skills, including in simulation centers, which, as you know, are often used by universities "for beauty and checks", due to their high cost. Half of the respondents consider it necessary to reduce the cost of education.

Question: *Did the teachers motivate you to get additional knowledge? Participation in conferences.* The responses received were radically different from each other. So half of the respondents answered that there was absolutely no motivation on the part of the teaching staff, and the second half noted the constant motivation to participate in conferences, write articles and search for additional literature, prepare reports and speak, not only within the university, but also at Russian and sometimes foreign level.

In the question of attitudes towards distance learning, the vast majority answer: "positively" and "extremely positively". They note that this applies to lectures and additional theoretical courses, since in this format it is much more convenient to take notes, if we talk about practice, then 100% of graduates consider only the offline learning format to be correct.

Of the positive aspects of distance learning, they also note saving time on the road, the possibility of learning from anywhere in the world where there is an Internet connection, the convenience of combining with other activities, comfort, the ability to revise educational materials, and prevention of respiratory and viral infections. Of the negative points, most often noted was the lack of contact with the teacher and other participants in the educational process, the not always stable Internet, the lack of gadgets, the lack of a working mood, as in direct contact with the teacher, and the lack of practice opportunities.

Were there any difficulties in finding literature and information on the Internet? -100% of respondents answered that the only negative was in the paid context and advertising, otherwise there were no difficulties.

To the question "What resources do you use in self-education? Do you take courses and seminars on your own?", most use various Internet resources, such as YouTube, telegram channels, other communities on social networks, webinars of speakers of interest, lectures and forums, as well as paid educational platforms from medical professionals, ohis, etc.

"What do you know about the system of continuous professional development of doctors?" - Almost all respondents answered that this is "a pointless set of CME points that distracts doctors from work." Only two out of 10 respondents believe that this system allows medical workers to develop and improve their professional skills.

To the question do you consider the accreditation procedure in the FAC acceptable?

- Opinions of graduates were divided. Half believe that yes, this procedure allows assessing the professional competence of doctors, the possibility of electronic filing of documents, and motivates them to collect a portfolio. The second half, considers this procedure "completely inconvenient, since not every city has accreditation centers" and the "Federal Accreditation Center" is not a health authority and, therefore, cannot be competent in the issue of professional suitability", many also note that the system is not improved and needs to be revised.

CONCLUSION

Based on the results of in-depth interviews with graduates of medical schools, it can be concluded that there is a need to revise the postgraduate training of doctors in general. The vast majority of respondents note that the main problem is the lack of internships and, as a result, the risk of providing poor quality medical care increases. In general, with the acquisition of basic professional knowledge and competencies, things are quite satisfactory, however, some aspects, including the organization of the learning process itself, still need to be improved. Many graduates note the lack of knowledge of practical disciplines, the lack of opportunities to communicate with patients. Lack of motivation, support and interest in the educational process was observed on the part of the teacher. The educational program today suffers from insufficient integration of content, fragmentation and abstractness of knowledge received by students, resulting in serious gaps in knowledge, underestimation by students of the importance of certain subjects. In this regard, there is a need to analyze the feasibility of the availability, volume and distribution of disciplines, the creation of electronic modules, the possibility of transferring theoretical disciplines to a distance learning format.

An analysis of the expert opinions of graduates of medical schools also displayed certain difficulties in the process of further professional development and obtaining the accreditation. This indicates not only the dissatisfaction of the respondents, but rather the underdevelopment of the very system of understanding and motivating graduates to improve their professional skills and competencies.

REFERENCES

1. Order of the Ministry of Economic Development of Russia dated May 30, 2014 No 326 (as amended on March 17, 2017) "On approval of the Accreditation Criteria, the list of documents confirming the compliance of the applicant, accredited person with the accreditation criteria, and the list of documents in the field of standardization, compliance with the requirements of which by applicants, accredited persons ensures their compliance with the accreditation criteria".
2. On the system of continuous medical education for the executive authorities of the constituent entities of the Russian Federation in the field of health care [Electronic resource]. - URL: https://edu.rosminzdrav.ru/fileadmin/user_upload/info_materials/SPRAVOCHNYE_OIVSZD_4.0.pdf
3. Arsakhanova, G. A. Problematic issues of introducing high-quality continuous professional development of doctors / G. A. Arsakhanova // Management of education: theory and practice. - 2022. - No. 5(51). - P. 10-17. - DOI 10.25726/b5748-2686-0853-u. - EDN UBIWCQ.
4. Tarasenko E.A., Eigel M.Y. VIRTUAL MEDICINE: MAIN TRENDS IN THE APPLICATION OF AUGMENTED AND VIRTUAL REALITY TECHNOLOGIES IN HEALTH CARE Doctor and information technologies. 2021. No. 2. S. 46-59.
5. Ryzhkova T.B., Tarasenko E.A. CARE OF HEALTH AND WELL-BEING: CHANGING TRENDS IN CONSUMER BEHAVIOR DURING THE COVID-19 PANDEMIC Vestnik. Series: Economy. Control. Right. 2021. No. 2. S. 24-37.
6. Tarasenko E.A. CERTIFICATION AND RE-CERTIFICATION OF DOCTORS BY THE PROFESSIONAL MEDICAL COMMUNITY AS A MANAGEMENT TOOL TO IMPROVE THE QUALITY OF MEDICAL CARE: FOREIGN EXPERIENCE AND LESSONS FOR RUSSIA Health manager. 2013. No. 12. S. 61-66.
7. Zabolotnaya, S. G. Axiological guidelines for higher medical education / S. G. Zabolotnaya // APRIORI. Series: Humanities. - 2015. - No. 1. - P. 7. - EDN TGKJEL.
8. Zabolotnaya S.G. Self-determination of the student's personality in the medical profession as a component of the Image of the professional future // European Social Science Journal ("European Journal of Social Sciences"). 2012. No 8 (24). pp. 76-83.
9. Zabolotnaya, S. G. Axiological guidelines for higher medical education. / S.G. Zabolotnaya// ELECTRONIC SCIENTIFIC JOURNAL "APRIORI. SERIES: HUMANITIES. Krasnodar, 2015 - No. 1. - P. 1-7.
10. Lazareva, O. P. Distance learning in a pandemic: the opinion of university teachers and students / O. P. Lazareva, N. A. Moroz // Siberian Socium. - 2021. - V. 5. - No. 1 (15). - S. 50-67. - DOI

10.21684/2587-8484-2021-5-1-50-67. – EDN ZOXOYA.

11. Agranovich, NV, Rubanova NA, Knysheva SA, Anopchenko AS Difficulties in education and practical training of young doctor under reform of Russian Healthcare. Ways to solve the problem and real-life experience. medical education and professional development [Medical Education and Professional Development]. 2019; 10(2): 77–88. doi: 10.24411/2220-8453-2019-12004.
12. European Union of medical specialists. Regulations for the education of health professionals. (In Russ).] https://www.uems.eu/_data/assets/pdf_file/0017/1484/906.pdf .
13. European Board of Internal Medicine. Training Requirements for the Specialty of Internal Medicine. Available at: https://www.uems.eu/_data/assets/pdf_file/0006/30687/Curriculum-Internal-MedicineTrainingrequirementsfinal.pdf .
14. Hillen HF. Education and training in internal medicine in Europe. Postgrad Med J 2001;77(913):727-31. DOI: [10.1136/pmj.77.913.727](https://doi.org/10.1136/pmj.77.913.727)
15. Medical education trends for future physicians in the era of advanced technology and artificial intelligence: an integrative review. Han ER, Yeo S, Kim MJ, Lee Y, Park KH, Roh H. BMC Med Educ. 2019 Dec 11;19(1):460. DOI: [10.1186/s12909-019-1891-5](https://doi.org/10.1186/s12909-019-1891-5)
16. THE NATIONAL MEDICAL JOURNAL OF INDIA VOL. 30, NO. 2, 2017 89 Medical Education.

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