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FAMILY MEDICINE INTERNSHIP IN UKRAINE: A QUALITATIVE STUDY OF INTERNS' EXPERIENCES AND EXPECTATIONS

Abstract. After several years of reforming primary health care in Ukraine, family medicine has become a key component of the national health system, with more than 30 million patients having already chosen family doctors as their primary medical coordinators. The quality of care provided at this level directly depends on the training of young professionals, for whom the internship is a critical stage in the transition from academic education to independent clinical practice. In the context of workforce shortages, increasing workloads, and complex socio-economic challenges, the competency-based approach to training – which combines the development of clinical skills, communication abilities, and professional values – has become particularly significant.

The aim of this study was to analyse the experiences and expectations of second-year interns specialising in "General Practice – Family Medicine" following their certification, with a focus on identifying the strengths and weaknesses of the current training model. The material for the qualitative content analysis comprised open-ended responses from interns, collected through anonymous surveys. The use of double independent coding and discussion of results within a focus group of lecturers ensured both the reliability and depth of the analysis.

The findings demonstrate high appreciation of interactive teaching methods, including group discussions, role-playing, work with clinical cases, and the use of the teach-back method, which enables the effective integration of "hard" clinical skills with "soft" communication skills. At the same time, several factors hindering the effectiveness of the internship were identified: insufficient engagement of mentors, a limited number of specialists in the relevant field, gaps in legal training, the involvement of interns in routine administrative tasks, and shortcomings in the organisation of the certification process. These observations highlight the need to revise the educational model of the internship, with a greater emphasis on practice-oriented training, the development of mentorship, enhancement of legal competence, and the creation of conditions that will contribute to the harmonisation of Ukrainian postgraduate medical education with European standards.

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ІНТЕРНАТУРА З СІМЕЙНОЇ МЕДИЦИНИ В УКРАЇНІ: ЯКІСНЕ ДОСЛІДЖЕННЯ ДОСВІДУ ТА ОЧІКУВАНЬ ІНТЕРНІВ

Анотація. Після кількох років реформування первинної медичної допомоги в Україні, сімейна медицина стала ключовою ланкою системи охорони здоров'я, а понад 30 мільйонів пацієнтів уже обрали сімейних лікарів як своїх основних медичних координаторів. Якість надання медичних послуг у цій ланці безпосередньо залежить від рівня підготовки молодих фахівців, для яких інтернатура є критичним етапом переходу від академічного навчання до самостійної клінічної практики. В умовах дефіциту кадрів, зростання навантаження та складних соціально-економічних викликів особливого значення набуває компетентнісно-орієнтований підхід до навчання, що поєднує формування клінічних умінь, комунікативних навичок і професійних цінностей.

Метою дослідження було проаналізувати досвід та очікування лікарів-інтернів спеціальності «Загальна практика – сімейна медицина» другого року навчання після проходження атестації, зосереджуючи увагу на сильних і слабких сторонах чинної моделі підготовки. Матеріалом для якісного контент-аналізу стали відкриті відповіді лікарів-інтернів, отримані шляхом анонімного опитування. Застосування подвійного незалежного кодування та обговорення результатів у фокус-групі викладачів забезпечили достовірність та глибину аналізу. Отримані результати свідчать про високу оцінку інтерактивних методів навчання, зокрема групових дискусій, рольових ігор, роботи з клінічними кейсами та застосування методу teach-back, що дозволяє ефективно інтегрувати «жорсткі» клінічні навички з «м'якими» комунікативними. Водночас були виявлені чинники, що стримують ефективність інтернатури: недостатня залученість менторів, обмежена кількість підготовлених фахівців профільної спеціальності, прогалини у правовій підготовці, залучення інтернів до рутинної адміністративної роботи та недосконаліть організації атестаційного процесу. Ці спостереження підкреслюють необхідність перегляду освітньої моделі інтернатури, зосередження на практико-орієнтованому підході, розвитку менторства, підвищенні ролі правової компетентності та створенні умов, які сприятимуть гармонізації української післядипломної медичної освіти з європейськими стандартами.

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Ключові слова: інтернатура, сімейна медицина, компетентнісний підхід, зворотний зв'язок, менторство, післядипломна освіта, комунікативні навички, практична підготовка, правова компетентність, оцінювання навичок.

Introduction. In Ukraine's healthcare system, the general practitioner – family doctor occupies a pivotal position within primary health care (PHC), responsible for providing continuous, accessible, comprehensive, and patient-centred care. At this level, the main workload is concentrated on disease prevention, early diagnosis, management of chronic conditions, care coordination, and ensuring continuity of medical services. In the current context of war, workforce shortages, and reforms in healthcare financing, the importance of PHC is only increasing [1, 2].

The training of family doctors requires continuous improvement in line with emerging challenges and modern demands for competence, multidisciplinarity, independent decision-making, and ethical maturity. Education must deliver not only knowledge and practical skills, but also foster professional values, critical thinking, and readiness for effective teamwork [3].

The World Health Organization (WHO) recommends the implementation of competency-based medical education (CBME), which focuses on achieving clearly defined learning outcomes, developing clinical, communication, and ethical competencies, and enabling a gradual transition to clinical autonomy under supervision [4, 5, 6]. This approach forms the basis for preparing professionals capable of working effectively in conditions of uncertainty and limited resources.

Despite some positive developments, postgraduate medical education in Ukraine remains largely theory-oriented and does not always align with the practical needs of the primary care sector. This is particularly evident during the internship stage, which is intended to provide a smooth transition from academic study to independent clinical practice. Expert evaluations indicate that internship training often lacks adequate mentorship, while the quality of practical preparation depends on multiple interrelated factors [7].

Against this background, assessing the perspectives of interns – who are direct participants in the training process and face real-world clinical challenges – is of particular importance. Open-ended feedback from family medicine interns represents a valuable source of information for identifying the strengths and weaknesses of the current training model, uncovering hidden problems, and developing practical recommendations for educational policy.

Aim - to analyse the substance of open-ended responses provided by second-year General Practice – Family Medicine (GP–FM) interns, collected after their certification, regarding their assessment of the learning experience during the internship.

Materials and Methods. A qualitative content analysis was conducted on responses from 32 GP–FM interns, obtained through an anonymous questionnaire administered via Google Forms without the collection of any personal data. The focus

group comprised three faculty members from the department who were directly involved in training the GP–FM interns and who themselves hold an active certificate as general practitioners – family doctors.

To ensure the reliability of the thematic analysis of the open responses, a double-blind independent coding method was applied. In order to minimise subjectivity, two independent reviewers carried out the content analysis. Agreement on thematic categories was achieved through preliminary pilot coding, followed by discussion of discrepancies until consensus was reached.

The data were classified by the focus group members according to the following thematic categories:

1. Existing positive aspects of the educational component and practical training at internship sites.

2. Recommendations for improving the internship experience.

3. Suggestions for enhancing the organisation of the GP–FM interns' certification process.

Results and Discussion. The GP–FM interns highly valued the active learning methods implemented at the Department of Family Medicine and Propaedeutics of Internal Medicine, Faculty of Postgraduate Education, Dnipro State Medical University. These included group discussions and brainstorming sessions on common clinical problems, small-group work to design patient care pathways, role-play exercises to develop communication skills, the resolution of non-standard clinical tasks, and collaborative problem-solving in "doctor–patient" dyads or "doctor–patient–family" triads. Respondents also noted that preparation for the national licensing examination Krok-3 broadened their existing knowledge base and, through an intensive training format, helped them recall and integrate contemporary guidelines into a structured network of clinical care algorithms.

Interns highlighted that, during the face-to-face component of training at the Department, the traditional "question–answer" assessment of individual group members (formal oral questioning) was rarely employed, and when used, it took the form of a dialogue. There were no monotonous homework assignments such as purposeless textbook reading, as most self-directed learning tasks had a clear clinical link to situational exercises embedded in project-based group activities. The introduction of the teach-back method proved particularly beneficial and surprising: during "doctor–patient" role-plays, the doctor would ask the patient to explain or demonstrate, in their own words or actions, what they had just learned. This approach made the learning process more dialogical, interactive, and reflective of the realities of clinical family practice, while also facilitating timely identification of cognitive biases.

Most teaching sessions combined the development of technical ("hard") clinical competencies with the refinement of communication ("soft") skills. Among the potential areas for faculty development, interns emphasised the need to increase the number of trainers specialising in General Practice – Family Medicine. This, they felt,

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would help concentrate teaching on the specific challenges of the discipline, avoid information overload or unnecessary theoretical digressions, strengthen their professional identity as family doctors, and improve the organisation of priority knowledge acquired in earlier years of study.

In terms of improving the internship experience, respondents stressed the importance of refining explanations of complex aspects of certain nosologies, thereby helping educators avoid the “expert trap”. The “simple explanation of complex matters” approach was viewed as valuable for discussing clinical cases, as interns must ultimately communicate with patients who have no medical background and are unlikely to understand specialised terminology. Although the ability to adapt explanations to the patient’s level is an indicator of high clinical mastery, young doctors were eager to acquire this skill early and at an advanced level.

A third area identified for improvement was greater immersion in the legal aspects of primary care practice. Interns expressed the need to address gaps in the completion of medical documentation, knowledge of patients’ rights and responsibilities, and participation in decision-making at the workplace (including improvements to collective agreements). A contemporary understanding of the responsibilities and decision-making capacity of nursing staff, particularly in the context of anticipated workforce and resource shortages, was also seen as important.

The practical component of the internship gave interns opportunities to follow patients under the supervision of experienced mentors and to become fully immersed in the daily routines of primary care physicians. The collegial attitude shown towards interns, consistent with a peer-to-peer approach, was viewed positively. This experience allowed them to appreciate both the strengths and shortcomings of the current healthcare system, encounter complex cases, and learn directly from more experienced colleagues.

For the enhancement of the practical training experience, respondents suggested the introduction of compulsory centralised training for mentors in fundamental pedagogical principles and skills for teaching interns. They noted that, at some internship sites, supervisors showed little interest in the professional development of young doctors and approached their duties in a formalistic manner due to lack of time or motivation. In certain cases, the learning process degenerated into using interns as a labour resource for administrative tasks – primarily computer-based, such as entering preventive screening data, updating records for palliative patients, correcting verification errors, or performing the duties of nursing staff in primary care centres. Some mentors regarded their main responsibility as merely monitoring interns’ attendance, rather than assessing their progress in mastering practical skills or creating opportunities for skill development.

A few comments were received regarding the optimal duration of the internship, with some proposing a reduction to one year and others an extension to three years – possibly reflecting differing rates at which interns acquire core competencies, particularly in light of ongoing debates about the length of medical training in Ukraine.

Finally, respondents provided recommendations for the organisation of the GP–FM certification process. These included allocating more time during the educational component for practical skill development, introducing additional training in communication for varied clinical scenarios, specifying the time allowed for each skill demonstration to reflect real-life conditions (up to 10 minutes), allocating a separate room for each skill assessment, and ensuring confidentiality during the examination process.

Feedback from these independent respondents – who had already received their GP–FM certification – serves to highlight routine, often overlooked aspects of training the next generation of family physicians. The findings of this study are consistent with contemporary approaches to GP training. The key challenges include insufficient immersion in primary care during internship, lack of mentorship, and an over-theoretical teaching approach. CBME models emphasise the acquisition of professional roles through supervision and structured practice, encompassing documentation, clinical decision-making, and communication skills [8]. According to recent research [9], internship effectiveness improves when programmes are defined by explicit learning outcomes and supported by regular mentor and supervisor feedback. Best practice is achieved when internships are conducted in university-affiliated teaching clinics. It should also be emphasised that interns should not be used merely as a workforce; rather, their work should be educational in nature, with a gradual transition to clinical autonomy under supervision.

Conclusions. Qualitative content analysis of the GP–FM interns' open-ended responses identified both the strengths and the limitations of the current training model for specialists in General Practice – Family Medicine. The principal directions for improving the internship programme are as follows:

1. Strengthening practice-oriented and interdisciplinary approaches Integrating clinical case discussions, team-based scenarios, and simulation methods into daily learning. Expanding the active use of methods such as teach-back, role-play, and patient pathway analysis. *Stakeholders*: GP–FM departments, primary healthcare centres, institutions of postgraduate medical education.

2. Introducing mandatory mentor (intern supervisor) training Conducting workshops on adult learning pedagogy, the basic principles of competency-based education, and supervision techniques. Developing methodological resources for clinical mentors. *Stakeholders*: Ministry of Health of Ukraine, National Health Service of Ukraine, regional health departments, leadership of primary healthcare centres in collaboration with universities.

3. Enhancing the certification system Placing greater emphasis on practical skills, communication, and clinical decision-making, rather than predominantly theoretical assessment. Ensuring confidentiality and realism in assessment conditions. *Stakeholders*: departments of family medicine, certification boards.

4. Developing legal and documentation competencies Including modules on medical record-keeping, patient rights, and the legal responsibilities of primary care

teams. Familiarising interns with collective agreements and decision-making mechanisms within the workplace. *Stakeholders*: departments of family medicine, healthcare facility administrations.

5. Safeguarding the educational nature of the internship Prohibiting the assignment of interns to administrative or auxiliary tasks with no educational value. Formalising programmes for the gradual acquisition of clinical autonomy under supervision. *Stakeholders*: heads of primary healthcare centres, Ministry of Health, directors of clinical training sites.

Implementation of these recommendations will enhance the quality of family doctor training, increase intern satisfaction, minimise the gap between education and the needs of primary care, and bring the Ukrainian postgraduate medical education system into closer alignment with European standards.

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