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THE OPINION OF INTERN DOCTORS IN THE SPECIALTY OF "GENERAL PRACTICE - FAMILY MEDICINE" REGARDING CERTIFICATION

Abstract. Certification for the title of "specialist doctor" is a decisive stage in the professional development of medical interns, as it not only legally authorises them to engage in medical practice but also validates the level of knowledge, skills, and competencies acquired during their training. This study aimed to explore the opinions of second-year interns specialising in "General Practice – Family Medicine" regarding the certification process. A written anonymous survey was conducted among 53 interns at the Department of Family Medicine and Propaedeutics of Internal Medicine, Dnipro State Medical University. The questionnaire included three open-ended and 20 closed-ended questions, covering aspects of preparation for certification and evaluation of acquired skills.

The study results indicate significant challenges in the practical training of medical interns. One in four interns expressed dissatisfaction with the conditions and volume of practical training at internship bases. Among the main issues faced by the

interns were the inability to perform certain practical skills (such as otoscopy, ophthalmoscopy, and neurological examination), the lack of time for mentors to share their experience, and the absence of access to necessary diagnostic equipment at internship bases.

Respondents also shared their views on the priority skills that, in their opinion, should be mandatorily assessed during certification. The most important skills identified were cardiopulmonary resuscitation (CPR), otoscopy, and the interpretation of ECGs. Interestingly, CPR, which is generally considered a basic skill, was ranked as the most important. This may be due to the high social significance of this procedure and its role in saving patients' lives.

Based on the data obtained, the authors conclude that there is a need to improve the conditions of practical training for medical interns, particularly by enhancing the material and technical resources at training bases and improving the quality of mentorship. At the state level, clear and strict criteria should be established for institutions wishing to become internship bases, as this is a crucial mission in preparing future healthcare professionals. It is also essential to gather and consider feedback from interns to continuously improve the training process and ensure a high standard of medical services in the future.

Keywords: intern doctors, certification, practical training, internship base, challenges, skills, postgraduate education.

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ДУМКА ЛІКАРІВ-ІНТЕРНІВ ЗА ФАХОМ «ЗАГАЛЬНА ПРАКТИКА – СІМЕЙНА МЕДИЦИНА» ЩОДО АТЕСТАЦІЇ

Анотація. Атестація на присвоєння звання «лікар-спеціаліст» є визначальним етапом у професійному розвитку лікарів-інтернів, адже вона не

тільки юридично дозволяє займатися медичною практикою, але й підтверджує рівень знань, навичок та компетенцій, здобутих протягом навчання. Це дослідження було спрямоване на вивчення думок лікарів-інтернів другого року навчання за спеціальністю «Загальна практика – сімейна медицина» щодо процесу атестації. На базі кафедри сімейної медицини ФПО та пропедевтики внутрішньої медицини Дніпровського державного медичного університету було проведено письмове анонімне опитування 53 лікарів-інтернів. Опитувальник включав три відкритих запитання та 20 закритих питань, які охоплювали аспекти підготовки до атестації та оцінки якості набутих навичок.

Результати дослідження вказують на наявність значних викликів у практичній підготовці лікарів-інтернів. Кожен четвертий лікар-інтерн залишився незадоволеним умовами та обсягом практичної підготовки на базах стажування. Серед основних проблем, з якими стикалися інтерни, було відзначено відсутність можливості виконувати певні практичні навички (наприклад, отоскопія, офтальмоскопія, неврологічний огляд), брак часу у лікарів-наставників для передачі досвіду, а також відсутність доступу до необхідного діагностичного обладнання на базах стажування.

Респонденти також висловили свої погляди щодо пріоритетних навичок, які, на їхню думку, мають бути обов'язково перевірені під час атестації. Найбільш важливими виявилися такі навички, як серцево-легенева реанімація, отоскопія, а також інтерпретація ЕКГ. Цікаво, що саме серцево-легенева реанімація, яка зазвичай вважається базовою навичкою, була поставлена на перше місце за важливістю. Це може бути пов'язано з високим соціальним значенням цієї процедури та її роллю у рятуванні життів пацієнтів.

На підставі отриманих даних, автори дослідження роблять висновок про необхідність вдосконалення умов практичної підготовки лікарів-інтернів, зокрема шляхом покращення матеріально-технічної бази на стажувальних майданчиках та підвищення якості наставництва. На державному рівні слід створити чіткі та жорсткі рамки для закладів, які бажають стати базою стажування, адже це є відповідальною місією в підготовці майбутніх кадрових ресурсів. Важливо також збирати та враховувати зворотній зв'язок від інтернів для постійного вдосконалення процесу підготовки та забезпечення високого рівня медичних послуг у майбутньому.

Ключові слова: лікарі-інтерни, атестація, практична підготовка, база стажування, виклики, навички, післядипломна освіта.

Introduction. Certification for the title of "specialist doctor" is a significant milestone for medical interns across all specialties, as it serves not only as a legal authorisation to practise medicine but also as recognition of the knowledge, skills, and competencies acquired through years of diligent study [1]. Educational institutions, which establish certification committees, bear the responsibility of ensuring that only those specialists who fully meet the qualification requirements of

their chosen field are allowed to practise [2]. A major challenge for the certification process is the prolonged placement of medical interns at internship bases and the lack of control mechanisms by the higher medical education institutions (HMEIs) over the quality of this process [3, 4]. Consequently, during the educational component, it is necessary to address the gaps in practical training that have arisen due to the educational losses incurred by the COVID-19 pandemic and the ongoing war [5, 6]. Despite these challenges, members of the certification committees strive to make the examination process convenient, high-quality, and intern-centred [7]. To ensure this, it is essential to regularly gather feedback from medical interns, implement innovative approaches, and test them in practice.

Objective: To investigate the opinions of second-year interns specialising in "General Practice – Family Medicine" regarding the certification process for the title of "specialist doctor".

Materials and Methods. In June 2024, a written anonymous survey was conducted among 53 interns specialising in "General Practice – Family Medicine" at the Department of Family Medicine and Propaedeutics of Internal Medicine, Dnipro State Medical University, regarding their views on the upcoming certification for the title of specialist doctor. The questionnaire included three open-ended questions for detailed responses and 20 closed-ended questions. All 100% of respondents agreed to participate and provided their answers, and none of the questionnaires were invalidated. The study was observational in nature, conducted in accordance with the main principles of the Declaration of Helsinki and GCP ICH, and fully complied with bioethical requirements.

A total of 53 medical interns participated in the study, including 45 females (74%) and 14 males (26%), with an average age of 25 (0.8) years. The priority (importance) of practical skills was assessed using a five-point scale, where 1 indicated the least important and 5 indicated extremely important.

Statistical analysis of the data was performed using Microsoft Excel and IBM SPSS software, employing parametric statistical methods, as over 90% of the data had a normal distribution (according to the Kolmogorov-Smirnov test).

Results and Discussion. The medical interns were asked to express their opinions on the practical skills (an open-ended question without provided answer options) that they believe should be assessed during certification for the title of "specialist doctor". The distribution of responses is presented in Fig. 1.

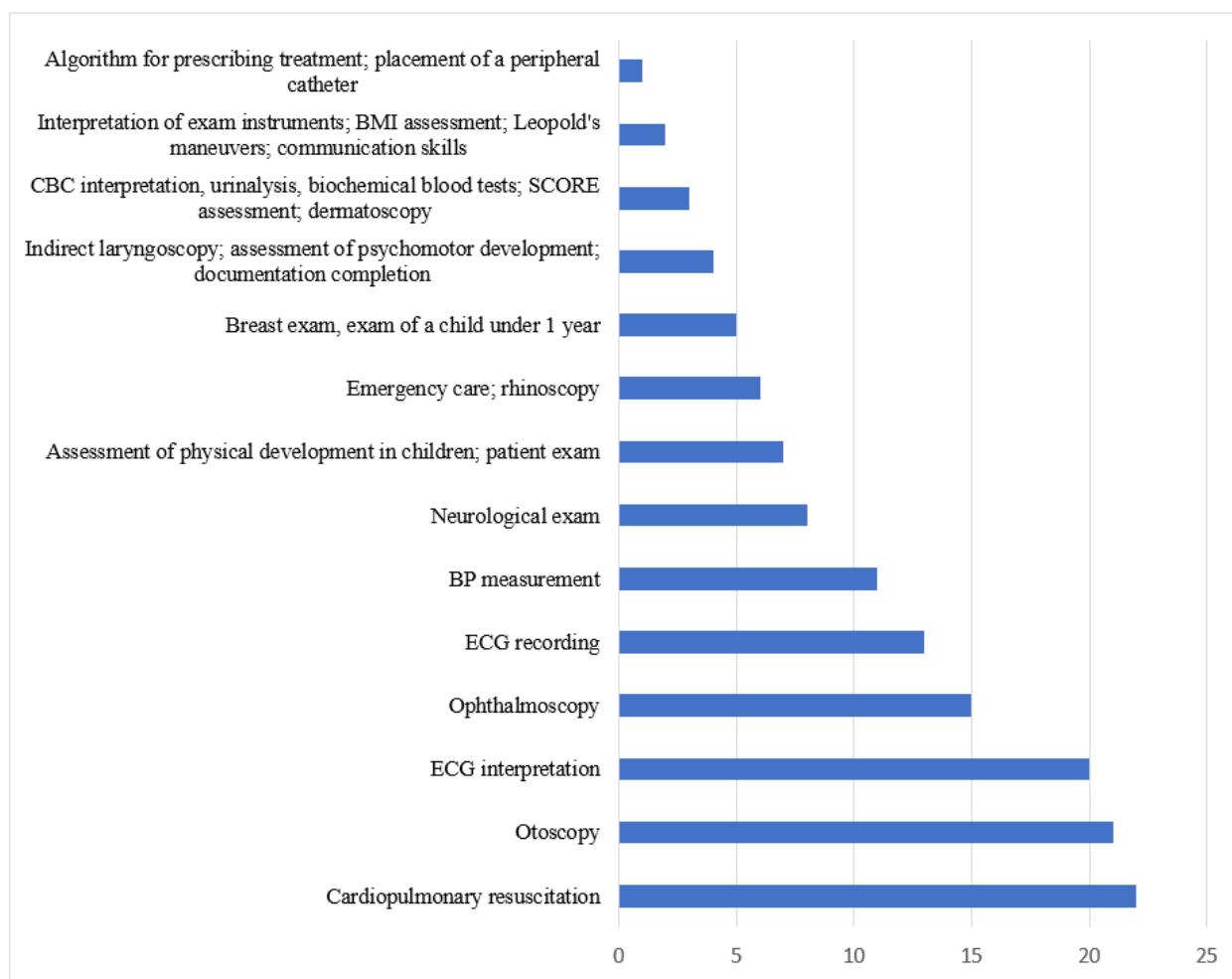


Fig. 1. Practical skills whose quality of performance, according to medical interns, should be assessed during certification (multiple responses from respondents)

The top ranking of cardiopulmonary resuscitation (CPR) immediately raises questions, as this skill is developed at a basic (BLS – basic life support) and sufficient level for future primary care doctors during their undergraduate studies, and during the internship, it is merely maintained at an automatic level. Our hypothesis for why this skill ranked first among others is its social context – CPR is a procedure where one can demonstrate their significance in saving patients' lives. The priority area of family medicine is disease prevention, which unfortunately does not show immediate results and requires a long-term, conscious commitment from both the doctor and the patient, as well as early detection and sustained cooperation with the patient. It may be appropriate to reconsider the focus of training and place greater emphasis on the effectiveness of preventive measures in managing clinical cases during the formation of the value system of future specialists.

The majority of respondents ($n = 30$, 56%) supported the inclusion of testing as a stage in the certification process, which is a commonly accepted international practice in the training of doctors in various specialties. At the same time, 100%

agreed that the testing should take the form of the STEP 3 exam. Previously, interns were required to take the ELEX test before the exam; however, after the STEP 3 exam was moved to the second year of study and divided by specialty, the need for a double test exam became obsolete.

Following changes to the intern training programme, the time spent at internship bases was increased by reducing theoretical training to 6 months over 2 years (previously it was 10 months), so the responsibility for the quality of skill acquisition is now placed on the internship bases. We inquired whether the interns had sufficient opportunities to practise their skills at the internship bases. Only 75% (40 respondents) gave a positive response, meaning that one in four was dissatisfied with the 18 months of internship. Although this is a subjective criterion, it indicates the need to move towards a student-centred approach and to maximise satisfaction with the process and outcomes. The distribution of obstacles to the quality acquisition of practical skills at internship bases, as perceived by stakeholders, is presented in Table 2.

Table 2

Obstacles to the quality acquisition of practical skills at internship bases according to stakeholders

№	Obstacles in practical training	Number of mentions
1	Lack of opportunity to practice certain practical skills (obstetrical examination, examination of mammary glands; oto-, ophthalmoscopy, neurological examination, placement of a peripheral venous catheter) and a training center	6
2	Doctors do not have time to share their experience	5
3	Lack of basic equipment for the work of intern doctors	4
4	Insufficient attention to work with documentation (including registration of loss of working capacity, certificates, etc.)	4
5	Uniformity of nosologies	3
6	Mistrust on the part of the manager and doctors; lack of possibility of independent management of patients	2

It should be noted that internship bases are not obliged to purchase or allocate specific equipment for the use of medical interns, and healthcare workers at these facilities are unlikely to risk damage to equipment during the training of young colleagues. Moreover, no separate spaces are provided for the training process. Some respondents reacted quite emotionally to questions about gaps in practical training. One intern stated, *"At the clinical base, I had no opportunity to immerse myself in the work of a family doctor, which led to a loss of interest, and I do not understand how to manage patients."* On the other hand, it is important to learn from skilled colleagues, who are difficult to find. Another intern remarked, *"I lacked skills that many family doctors do not use, such as ophthalmoscopy, otoscopy, and*

neurological examination. Sadly, the quality of training at internship bases currently depends largely on where you end up, whether the person is willing/able to teach and has the time to do so – it's a lottery. A promising direction is the thorough training of doctors (mentors) who will subsequently teach interns at internship bases, which would require significant operational costs, or conducting internships at university clinics without breaking the continuity of training (educational and practical parts).

We received quite varied responses when analysing the interns' views on what an ideal certification for the title of specialist doctor should look like. Here are some possible scenarios:

1. Situational tasks (drawn from clinical practice) with the determination of patient management tactics.
2. Testing and demonstration of practical skills.
3. An exam in three stages: testing, demonstration of practical and communication skills.
4. Examination of a patient in a hospital ward, preparation of a medical history, and presentation to the committee.
5. Demonstration of only practical skills on invited actors playing the role of patients.
6. Oral examination in the form of responses to questions.
7. An exclusively test-based exam.

In 2024, the certification of medical interns at the Department of Family Medicine and Propaedeutics of Internal Medicine, Dnipro State Medical University, was conducted in several stages: one day dedicated to knowledge testing; demonstration of practical skills and analysis of a clinical case with seven questions (including one mandatory question on an emergency condition) and supplementary materials (such as photos, results of additional laboratory and instrumental examinations). Additionally, a significant number of respondents expressed a preference for being assessed by a single examiner. However, in our opinion, this could reduce the objectivity of the final assessment and increase the risk of corruption.

The final stage of the survey involved determining the priority of basic practical skills by the respondents, the results of which are presented in Fig. 1.

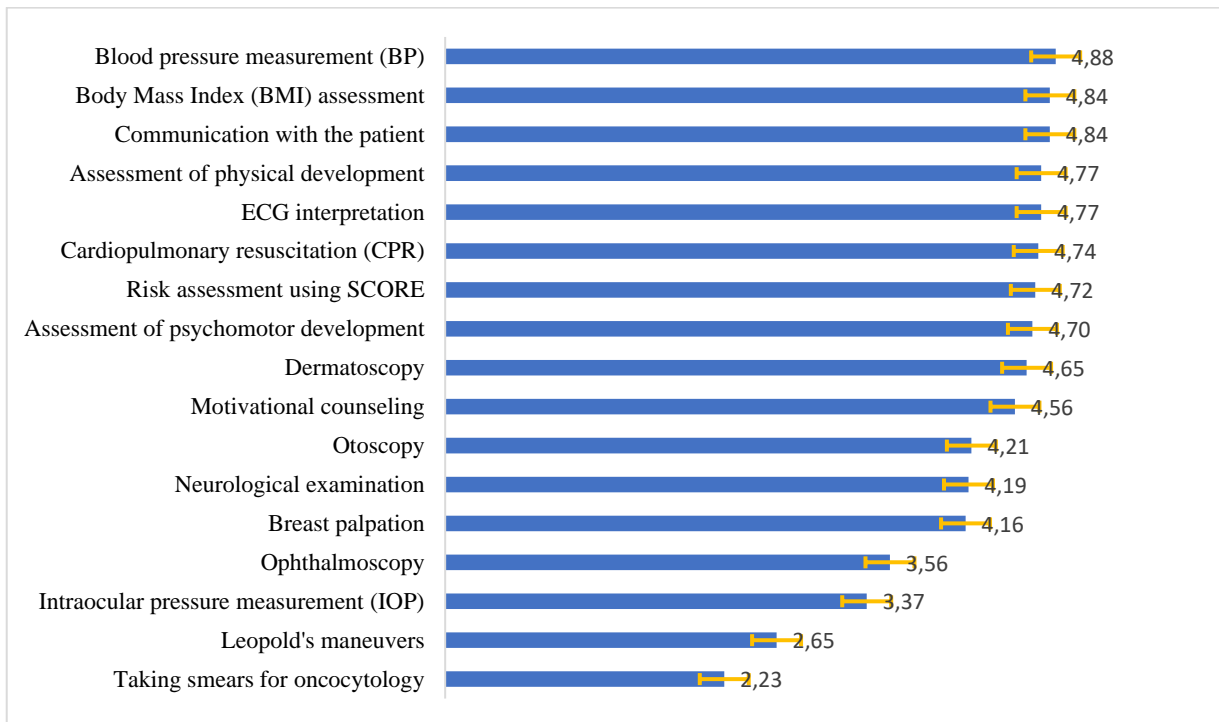


Fig. 1. Priority of practical skills according to second-year medical interns

This distribution of skills, in our opinion, directly reflects the experience gained at internship bases and represents the activities of healthcare workers in the field. Some doctors do not utilise certain skills and knowledge in their daily practice, leading to a disconnect between educational and practical training. This, in turn, may demotivate future doctors from making improvements and continually developing their own practice. The authors of the study acknowledge that the findings are subjective and are not intended as a guideline for action. However, it would be beneficial for the leaders of internship bases to conduct surveys among medical interns throughout their training in order to identify problems in a timely manner and collaboratively seek solutions, focusing their efforts on the quality preparation of the next generation. Otherwise, internship bases may face transfers and the possible loss of their status as training sites.

Conclusions:

1. One in four medical interns did not have sufficient opportunities to practise their skills during the practical component of the internship.
2. According to stakeholders, CPR, otoscopy, and ECG interpretation are the key skills that should be assessed during certification for the title of specialist doctor in "General Practice – Family Medicine."
3. The main obstacles to quality training during the practical part of the internship are the inability to practise certain family doctor skills, the lack of time and willingness among colleagues to share their experience, and the absence of dedicated diagnostic equipment for the needs of medical interns.
4. The most prioritised skills in the work of a family doctor were identified as blood pressure measurement, BMI assessment, and patient communication (reflecting routine work processes).

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