

© 2025 by the author(s).

This work is licensed under Creative Commons Attribution 4.0 International License
<https://creativecommons.org/licenses/by/4.0/>



How to cite: Vysochyna I, Kramarchuk V, Yashkina T, Bashkistrova N, Chernylovskiy A. Training family physicians: a qualitative study of Ukrainian context and European experience. *East Ukr Med J.* 2025;13(4):1177-1184

DOI: [https://doi.org/10.21272/eumj.2025;13\(4\):1177-1184](https://doi.org/10.21272/eumj.2025;13(4):1177-1184)

ABSTRACT

Iryna Vysochyna

<https://orcid.org/0000-0003-3532-5035>

Department of Postgraduate Education
in Family Medicine and Internal
Medicine Propaedeutics, Dnipro State
Medical University, Dnipro, Ukraine

Volodymyr Kramarchuk

<https://orcid.org/0000-0002-4224-6493>

Department of Postgraduate Education
in Family Medicine and Internal
Medicine Propaedeutics, Dnipro State
Medical University, Dnipro, Ukraine

Tetiana Yashkina

<https://orcid.org/0000-0002-1747-4849>

Department of Postgraduate Education
in Family Medicine and Internal
Medicine Propaedeutics, Dnipro State
Medical University, Dnipro, Ukraine

Nataliia Bashkistrova

<https://orcid.org/0000-0003-0716-2419>

Department of Postgraduate Education
in Family Medicine and Internal
Medicine Propaedeutics, Dnipro State
Medical University, Dnipro, Ukraine

Andrii Chernylovskiy

<https://orcid.org/0000-0003-3544-6291>

Department of Postgraduate Education
in Family Medicine and Internal
Medicine Propaedeutics, Dnipro State
Medical University, Dnipro, Ukraine

TRAINING FAMILY PHYSICIANS: A QUALITATIVE STUDY OF UKRAINIAN CONTEXT AND EUROPEAN EXPERIENCE

Introduction. In the current context of healthcare system reform in Ukraine, the training of qualified family physicians is critically important. Family physicians serve as a key link in providing primary healthcare, ensuring the integration and continuity of the treatment process. However, existing internship programs in Ukraine face a number of challenges, such as insufficient integration of theoretical and practical training, and the lack of a clearly defined status of an intern in a medical institution. The growing demand for primary healthcare specialists requires the implementation of European practices based on an integrated approach to learning, competency development, and mentorship. The aim of the study is to qualitatively assess the results of an anonymous survey conducted among second-year family medicine interns to identify the main gaps in the training process, comparing them with the best European internship practices.

Methods. To analyze the quality of physician training, an anonymous survey was conducted among 53 interns who had completed the General Practice-Family Medicine program. The collected responses were processed using content analysis. The units of analysis were semantic units, which were categorized into thematic categories. The inter-rater reliability coefficient was 0.84 (Cohen's kappa).

Results. The analysis of the interns' responses identified the key areas that require improvement in the training of family physicians in Ukraine. To ensure high-quality education, disciplines should be taught exclusively by specialists in general practice – family medicine, integrating theory and practice within a unified platform. The legal status of interns should be clearly defined, allowing them to actively participate in the treatment process. It is important to review the system of cycle rotation. Practical skills, particularly the provision of emergency care, should be practiced from the first days of training. The peer-to-peer format and the implementation of mentorship can improve

the quality of knowledge acquisition and contribute to the professional development of interns. Gradual immersion in the professional environment will help reduce stress levels and prepare future specialists for real-world practice.

Discussion. Ukrainian medical interns aspire to update the existing internship training and adapt the best global practices considering the national context.

Keywords: interns, mentorship, family medicine, content analysis, feedback, university clinic, challenges.

Corresponding author: Volodymyr Kramarchuk, Department of Postgraduate Education in Family Medicine and Internal Medicine Propaedeutics, Dnipro State Medical University, Dnipro, Ukraine, e-mail: vykram@ukr.net

РЕЗЮМЕ

Ірина Височина

<https://orcid.org/0000-0003-3532-5035>

Кафедра сімейної медицини ФПО та пропедевтики внутрішньої медицини, Дніпровський державний медичний університет, м. Дніпро, Україна

Володимир Крамарчук

<https://orcid.org/0000-0002-4224-6493>

Кафедра сімейної медицини ФПО та пропедевтики внутрішньої медицини, Дніпровський державний медичний університет, м. Дніпро, Україна

Тетяна Яшкіна

<https://orcid.org/0000-0002-1747-4849>

Кафедра сімейної медицини ФПО та пропедевтики внутрішньої медицини, Дніпровський державний медичний університет, м. Дніпро, Україна

Наталія Башкірова

<https://orcid.org/0000-0003-0716-2419>

Кафедра сімейної медицини ФПО та пропедевтики внутрішньої медицини, Дніпровський державний медичний університет, м. Дніпро, Україна

Андрій Черниловський

<https://orcid.org/0000-0003-3544-6291>

Кафедра сімейної медицини ФПО та пропедевтики внутрішньої медицини, Дніпровський державний медичний університет, м. Дніпро, Україна

ПІДГОТОВКА СІМЕЙНИХ ЛІКАРІВ: УКРАЇНСЬКИЙ КОНТЕКСТ І ЄВРОПЕЙСЬКИЙ ДОСВІД. ЯКІСНЕ ДОСЛІДЖЕННЯ

Вступ. У сучасних умовах реформування системи охорони здоров'я України підготовка кваліфікованих сімейних лікарів є критично важливим завданням. Сімейний лікар виступає ключовою ланкою надання первинної медичної допомоги, забезпечуючи інтеграцію та безперервність лікувального процесу. Однак, існуючі програми інтернатури в Україні стикаються з низкою викликів, таких як недостатня інтеграція теоретичної та практичної підготовки, відсутність чітко визначеного статусу лікаря-інтерна в медичному закладі. Зростаючий попит на спеціалістів ЗПСМ вимагає імплементації європейських практик, що базуються на інтегрованому підході до навчання, розвитку компетенцій та менторства. **Мета дослідження.** Тезисно занотувати та провести якісну оцінку результатів анонімного анкетування, отриманих за допомогою зворотного зв'язку, що дозволить визначити основні прогалини навчального процесу в межах навчання в інтернатурі за думкою лікарів-інтернів 2 року навчання за фахом «Загальна практика – сімейна медицина» та у порівнянні з кращими європейськими практиками інтернатури.

Матеріали та методи. Для аналізу якості підготовки лікарів було проведено анонімне анкетування 53 лікарів-інтернів, які завершили навчання за програмою ЗПСМ. Зібрані відповіді оброблялись методом контент-аналізу. Одиницями аналізу були смислові одиниці, які систематизувалися за тематичними категоріями. Коефіцієнт узгодженості між дослідниками становив 0,84 (Каппа Коена).

Результати. Аналіз відповідей інтернів дозволив виокремити основні аспекти, які потребують вдосконалення у підготовці сімейних лікарів в Україні. Для забезпечення високої якості навчання необхідно викладати дисципліни виключно фахівцями загальної практики – сімейної медицини, інтегруючи теорію та практику в межах єдиної платформи. Юридичний статус лікарів-інтернів має бути чітко визначений, що дозволить їм брати активну участь у лікувальному процесі. Важливим є перегляд системи ротації циклів. Практичні навички, зокрема надання невідкладної допомоги, необхідно відпрацьовувати з перших днів навчання. Формат peer-to-peer та впровадження менторства значно покращать якість засвоєння знань і сприятимуть професійному розвитку

інтернів. Поступове занурення у професійне середовище допоможе знизити рівень стресу та підготувати майбутніх фахівців до реальної практики.

Дискусія. Українські лікарі-інтерни прагнуть до оновлення існуючої підготовки в інтернатурі та адаптації кращих світових практик враховуючи національний контекст.

Висновки. Результати дослідження підкреслюють необхідність перегляду існуючих програм інтернатури, адаптації їх до європейських стандартів та розвитку інфраструктури для якісного навчання лікарів ЗПСМ.

Ключові слова: лікарі-інтерни, менторство, сімейна медицина, контент-аналіз, зворотний зв'язок, університетська клініка, проблеми.

Автор, відповідальний за листування: Володимир Крамарчук, кафедра сімейної медицини ФПО та пропедевтики внутрішньої медицини, Дніпровський державний медичний університет, м. Дніпро, Україна, e-mail: vykram@ukr.net

ABBREVIATIONS

GP-FM – General Practice-Family Medicine
FPE – Faculty of Postgraduate Education
ECG – Electrocardiography
MIS – Medical Information Systems
QES – Qualified Electronic Signature

BLS – Basic Life Support
ALS – Advanced Life Support
NHSU – National Health Service of Ukraine
BMI – Body Mass Index

INTRODUCTION

The training of qualified physicians in General Practice-Family Medicine (GP-FM) is a crucial component of an effective healthcare system, especially in the context of ongoing healthcare reform, armed conflict, and the growing demand for primary care in Ukraine [1]. Family physicians play a central role in ensuring the continuity and comprehensiveness of medical care, coordinating patient care at various levels of the healthcare system. However, the quality of GP-FM specialist training remains a subject of debate and requires constant improvement [2]. Existing internship programs are not 100% perfect and have some gaps, such as insufficient integration of theoretical and practical training, the lack of a clearly defined status of an intern in a medical institution, the incomplete alignment of curricula with the actual needs of practice, and insufficient attention to the development of practical skills, which ultimately can lead to insufficient readiness of internship graduates for independent work and a decrease in the quality of medical care [3].

In the context of Ukraine's intensive European integration and the constant development of medical science and practice worldwide, the implementation of international experience in training family physicians, particularly European practices, is an urgent task for higher education [2, 4]. Increasing the effectiveness of postgraduate training is usually based on a sufficient number of high-quality studies on the advantages of

various methodological approaches in organizing and ensuring the educational process within the framework of internship training, which justified the choice of the goal and objectives of this study.

To address the objectives, we chose the method of content analysis [5] of feedback from GP-FM interns who had completed their internship at the time of the survey (anonymous surveys were conducted after the state certification), which allowed not only to obtain qualitative assessment information but also to identify problematic aspects of the existing internship training system for future family physicians from the respondents' perspective.

The aim of the study is to qualitatively assess the results of an anonymous survey, obtained through feedback, which will allow identifying the main gaps in the training process within the internship for second-year students of the "General Practice – Family Medicine" specialty, and to compare them with the best European internship practices.

MATERIALS AND METHODS

A survey was conducted among 53 interns specializing in General Practice-Family Medicine at the Department of Postgraduate Education and Internal Medicine Propaedeutics, Dnipro State Medical University, after they had completed their certification, with the aim of obtaining feedback on the quality of their internship training over two years. A working group formed by the authors of this study processed the

responses to open-ended questions in the survey using content analysis, collectively summarizing the main points that received the most support from respondents.

A printed survey was used for the questionnaire, which was offered to interns for completion after they had passed the certification to obtain the qualification of a "specialist doctor". Thus, the authors of the study sought to minimize the influence on the respondents' answers and the completion of the questionnaire by the fact of studying within the internship at the time of the survey. The survey was anonymous and contained 3 open-ended questions related to the direct experience of studying during the internship (theoretical and practical components) before the completion of the internship by the doctors.

The author's survey, developed in accordance with the objectives of this study, was structured with the following questions:

1. "What did you like about your internship training at the department and at the training sites?"
2. "What barriers did you encounter during your internship?"
3. "What changes, in your opinion, should be made to the training process for interns in General Practice–Family Medicine in the near future?"

Of the 53 completed surveys, 5 (9%) were discarded as they were characterized by a formal approach to completion (lack of constructive feedback), and all answers were reduced to "everything was fine" and words of gratitude. The feedback provided in the analysis of 47 anonymous surveys was summarized as the final version of the answer when a dominant number of responses was obtained (90% or more).

The working group held 7 meetings, approximately one hour each, and made decisions based on a consensus summary of the respondents' answers. The content analysis method allowed for the systematization and interpretation of a large amount of textual information, revealing key themes, problems, and suggestions for optimizing the training of GP-FM doctors. The content analysis procedure included the following stages:

1. Preliminary familiarization with the data and definition of units of analysis: the unit of analysis was defined as a semantic unit, that is, a separate statement or fragment of text containing a complete thought or idea related to the research problem (training of GP-FM doctors). This could be a separate sentence, phrase, or paragraph. This approach allowed for considering the context of statements and avoiding fragmentation of content.

2. Development of analysis categories (coding): based on a preliminary review of the literature, a system of categories was developed that reflected the main aspects of GP-FM doctor training. The categories were both a priori and empirical. To ensure clarity and unambiguity, each category was given a detailed definition and coding examples.
3. Coding procedure: data coding was carried out by a group of study authors. Each response text was carefully analyzed and divided into semantic units. Each semantic unit was assigned to one or more corresponding categories according to the developed coding instructions. To ensure consistency between coders, training was conducted and the agreement coefficient was calculated (Cohen's kappa coefficient = 0.84, indicating a high level of agreement). In case of discrepancies between coders, the decision was made through discussion and consensus.
4. Data analysis: after the completion of coding, a qualitative analysis of the data was carried out, which was aimed at interpreting the obtained data, identifying trends, patterns, and relationships between categories. Generalized theses were formulated, which were most often found in the responses. The obtained results were compared with the data of a literature review and international practices.

Particular difficulty was caused by the coordination of the final number of theses and the assignment of statements by interns to a specific generalized position - thesis. The authors of this study also added an analytical reference to each position subject to analysis from literary sources regarding existing experience in the best European practices for training interns in different countries. It should be noted that the European system of training family doctors is not homogeneous and differs in different countries, but there are general trends and principles that can be useful for implementation in Ukraine.

RESULTS AND DISCUSSION

The working group, in the process of analyzing the feedback, identified 10 theses regarding the assessment of the quality and characteristics of the training of future family physicians during their internship, reinforcing them with quotes from respondents and an analytical literature review on the issue of addressing identified problematic issues in the internship training process within the best European practices [6, 7].

The generalized opinion of GP-FM interns – Thesis 1.0 – teaching general practice-family medicine should be entrusted exclusively to doctors of the same

specialty. Quotes from GP-FM interns' surveys: "I still haven't figured out my role in medicine"; "Specialized cycles really throw me off track, and when I personally went through them, I delved into a narrow specialization, because often we are not told up to what point the family doctor is in charge."

In Ukraine, the current real situation regarding the staffing of the educational process in the internship for family doctors is characterized by the fact that in the full-time part of the internship, teachers of various specialties may be involved in the educational process of GP-FM interns, who are required to obtain a secondary specialization in GP-FM. However, according to GP-FM interns, in most cases, teaching specialized cycles is usually accompanied by excessive delving into certain aspects of a narrow specialty and creates a feeling of losing the overall focus on the direct work of a family doctor, and this deepens the dual problem of self-awareness between one's own professional component and competencies (family doctor) and the competencies of doctors of the secondary and tertiary levels of medical care.

The practice of teaching family medicine in most European countries is based on the principle that teaching family medicine should be carried out exclusively by family physician teachers who have the deepest understanding of the specifics of the work of a family doctor and can transfer to students and interns in this area of training the necessary practical skills and experience. In addition, in European practices of ensuring the educational process, family doctors who work as teachers are often active participants in scientific research in the field of family medicine, which allows them to ensure the scientific nature and innovation of the educational material.

Thesis 2.0 (generalization of the opinion of GP-FM interns) – the internship should be conducted within the walls of one institution without division into theory and practice – namely, within the university platform (clinic, hospital, outpatient clinic) with clear monitoring of the intern's progress. Quote: "The training bases are interested in their own benefit, primarily financial"; "It is necessary to control the passage of the theoretical part, because someone sits on the couch for 2 years or does ECGs, while someone immediately receives patients of different ages and complexities"; "There should be a well-established connection between the base and the department. There should be a clear structure. Departments should control the bases, because they do whatever they want."

According to the respondents, the management of training bases is primarily interested in the intern in two cases: firstly, when this base will be the future place of work for the intern, and then "we learn for ourselves"

(personnel policy), and secondly – payments from the state for training interns (financial component), but if this base is not the future place of work, and the quality of education is not a priority.

The solution to this issue in the practices of European universities is associated with the creation of an integrated learning environment where theoretical training is closely linked to practical work. This allows future medical professionals to gradually transition from the role of a student to the role of a practicing physician. Such an approach ensures a deep understanding of knowledge and skills with the formation of the necessary competencies. In addition, in many countries, there is a mentorship system that helps interns adapt to a new role and provides them with individual support, although it requires high costs to support the educational process.

Thesis 3.0 (generalization of the opinion of GP-FM interns) – an intern must have a legally defined status in a medical institution in accordance with their powers. Quote: "I sat and helped fill out the MIS as a medical sister, and the doctor signed it with his QES, wasted time and did not get any medical skills."

Unfortunately, today, the Ukrainian electronic health system still does not have a workplace for an intern, and as a result, his work is devalued. Technically, this makes it impossible to conduct an independent patient reception under the supervision of a senior colleague, and the medical institution has to think about how to conduct quality training and not demotivate the future specialist.

In Europe, the legal status of an intern is clearly defined. Interns have rights and obligations that are enshrined in law. They are full-fledged members of the medical team but are supervised by experienced physicians. This allows interns to gradually gain independence and responsibility.

Thesis 4.0 (generalization of the opinion of GP-FM interns) – it is necessary to review the concept of cycle rotation. Quote: "Narrow specialists do not understand what family doctors need. Sometimes they show contempt for our specialty."

The analysis of the responses of GP-FM interns showed that in clinical practice they have to work only with those patient nosologies that turned to medical care during their internship. A priori, this cannot fully correspond to the approved training plans in the internship. According to the respondents – GP-FM interns, it is desirable to introduce a system of dynamic monitoring of the performance of a sufficient number and quality of practical skills, in order to have confidence in sufficient training, and not just on paper. Although a useful addition may be communication with specialists of other specialties when considering clinical

cases, which can be implemented through conferences, consultations, and meetings of peer groups.

In European countries, there is an increasing trend away from rigid cycle rotation systems. Instead, the focus is on achieving specific competencies. This allows the training program to be adapted to individual needs and empowers the intern, increasing their responsibility for their own choices and neutralizing feelings of inferiority and lack of control over the situation. In addition, the modular learning system expands the opportunities for young professionals to choose the modules that best suit their interests and professional goals.

Thesis 5.0 (generalization of the opinion of GP-FM interns) – practical skills should be practiced from the first day and every day in the free time from patients, it is necessary to start with emergencies (as rigidly and intensively as possible, to the level of automatism with a clear interpretation of results, according to a checklist). Quote: "I don't feel confident in providing emergency care, although in my opinion, it should be at the level of automatism. I'm afraid I'll get lost and won't know what to do"; "The exam on practical skills should be more rigorous and complex."

In internship programs in European countries, great attention is paid to practicing emergency care skills at the very beginning of the internship. This involves familiarization with the capabilities of the training base regarding resuscitation and triage measures, the internal system of drug placement, inventory, and adopted algorithms of actions. In training, preference is given to realistic simulations where interns practice algorithms of actions in various extreme situations. Programs require mandatory completion of basic life support (BLS) and advanced life support (ALS) courses. This allows interns to be ready to provide assistance in any unforeseen situation and feel more confident in a new environment for them.

Thesis 6.0 (generalization of the opinion of GP-FM interns) – learning should take place, in particular, in a peer-to-peer format (from a more experienced intern to a beginner), teamwork, and leadership development. Quote: "It was right before the exam that I learned 80% of what I needed for further work. Interestingly, the main source was other interns."

Recent studies on the methodology of ensuring high-quality training in internships indicate the high effectiveness of knowledge transfer at the horizontal level, meaning that people of the same status better understand each other and transfer the necessary knowledge and skills. At the same time, senior colleagues can perform the function of periodic monitoring to prevent systemic errors and save resources. Therefore, building strong team relationships

is a priority for the head of an institution accredited to provide training for interns.

In leading European universities, as part of internship training, mentoring programs are actively developed, where experienced doctors transfer their knowledge and skills to younger colleagues. In addition, active learning methods such as group discussions, case studies, and collaborative problem-solving are widely used. This promotes the development of critical thinking and the ability to work in a team. The transfer and control of medical information about a patient from a beginner to more experienced colleagues (including experienced interns) contributes to reducing the number of errors and improving the microclimate in teams, especially in conditions of a "gap" between different generations (intern and professor).

Thesis 7.0 (generalization of the opinion of GP-FM interns) – mentorship can enhance the transfer of practical skills and knowledge. Quote: "I lacked an experienced mentor who could support me, whom I could ask questions and get a clear answer, even silly ones."

According to the surveyed interns, the training of supervisors of interns at training bases, who are responsible for the educational process, is imperfect, as one can be an excellent specialist in their field and a poor teacher at the same time.

Currently, in Ukraine, there is no legal basis for stimulating the training of mentors, and the NHSU does not finance the payment for such work. In our opinion, a course on adult education and the basics of mentoring in medicine should become a basic criterion for training interns who will be involved in the training of future healthcare professionals. The focus of training future mentors should be shifted from medical directors of institutions and heads of clinics, who usually do not have time for this, to highly qualified and the best family doctors in this institution.

Today, in the countries of the European Union, there is a clear system for training mentors who undergo special training, where they learn the skills of effective communication, providing feedback, and creating a favorable learning environment, and receive additional payment for this work.

Thesis 8.0 (generalization of the opinion of GP-FM interns) – it is necessary to develop measures to encourage and continuously improve English language skills. Quote: "... interns should be encouraged to learn English to be able to read and study foreign literature."

Today, interns understand that modern international expert recommendations on best practices for managing certain syndromes and nosologies are in English and only a certain part of them is translated and adapted by a group of national Ukrainian experts, which requires

time, resources, and prevents a quick response to changes in approaches to prevention, diagnosis or treatment. An important aspect, according to interns, can be direct communication during international events, exchange of experience and timely implementation of best practices based on evidence.

In the modern realities of globalization, proficiency in English is a mandatory skill for a doctor of any profile. In developed countries, there are special training programs that help medical professionals improve their English language skills.

Thesis 9.0 (generalization of the opinion of GP-FM interns) – the salary of an intern should not undermine their professional self-esteem due to a small amount of payments. Quote: "It was difficult for me to study during my internship, the amount we were paid did not cover rent or food for a month. I worked as a nurse in the hospital. Of course, after such a shift, I came to the internship exhausted and wanted to sleep all the time, but I had no choice."

Interns reported that the monetary reward for the work done should, if not stimulate the intern to further achievements, at least not force them to constantly think about finding additional income. Quite often, interns do not have a full rest and time for self-development, given the need for additional work.

Salaries of interns in Europe are usually sufficient to ensure a decent standard of living, although it depends on the level of development of the country and tends to increase constantly, allowing interns to focus on their studies and not spend time looking for additional work. The internship course also provides social guarantees such as health insurance and paid leave.

Interns reported that the monetary reward for the work done should, if not stimulate the intern to further achievements, at least not force them to constantly think about finding additional income. Quite often, interns do not have a full rest and time for self-development, given the need for additional work.

Salaries of interns in Europe are usually sufficient to ensure a decent standard of living, although it depends on the level of development of the country and tends to increase constantly, allowing interns to focus on their studies and not spend time looking for additional work.

The internship course also provides social guarantees such as health insurance and paid leave.

Thesis 10.0 (generalization of the opinion of GP-FM interns) – there is an urgent need for the immersion of the intern directly into the work process and ensuring their professional independence. Quote: "At the training base, they didn't know what to do with us. We often had to fill in the gaps and work as a 'gopher'. They didn't let us do anything independently. It was demoralizing."

In our opinion, the first month of internship training can begin with working in a team with a nurse and getting acquainted with the aspects of her work (communication with the patient, placing catheters, registering and interpreting ECGs, calculating BMI, administering drugs, vaccination, infection control, etc.), then exclusively medical practice – first observing the doctor's appointment, providing assistance to the patient, then independent practice under supervision (directly or using modern technologies), the second year of internship – independent practice with the possibility of turning to a mentor for help in a difficult case.

In European practice of training future doctors, the principle of gradual immersion in professional activity is adhered to – at first, interns perform simpler tasks under the supervision of doctors or other experienced interns, and then gradually take on more responsibility, which allows them to gradually adapt to working in real conditions and acquire the necessary skills with significantly less stress.

CONCLUSIONS

1. The analysis of the results of an anonymous survey of GP-FM interns revealed problematic issues related to the insufficient level of quality of the educational process within the framework of internship training.

2. The identified problems in the training within the full-time and part-time components of the internship of GP-FM doctors allow for the timely development of effective ways to correct and overcome gaps in the educational process.

3. Improving the quality of training for GP-FM interns can be ensured by implementing the best pedagogical and educational practices of European experience in Ukrainian training practice.

PROSPECTS FOR FUTURE RESEARCH

Further research into the possibilities of creating and implementing an integrated learning environment based on university clinics to ensure the continuity of theoretical and practical training.

AUTHOR CONTRIBUTIONS

All authors made a significant contribution to the development of the initial and revised versions of this article. They bear full responsibility for all aspects of the work and the resolution of issues related to the accuracy or integrity of the information presented.

FUNDING

The study had no external sources of funding.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ARTIFICIAL INTELLIGENCE DISCLOSURE

The authors declare that no artificial intelligence (AI) technologies were used in writing or editing the manuscript.

REFERENCES

1. Vysochyna IL, Kramarchuk VV, Yashkina TO. IMPOSTORS AMONG FAMILY DOCTORS. Clin Prev Med. 2023 (4):75-80. [https://doi.org/10.31612/2616-4868.4\(26\).2023.11](https://doi.org/10.31612/2616-4868.4(26).2023.11)
2. Kolesnyk P, Bayen S, Shushman I, Kolesnyk A, Kuodza G, Klemenc-Ketiš Z, Frese T. Identification and Ranking of Core Values in Family Medicine: A Mixed Methods Study From Ukraine. Front Med. 2021 Mar 22;8. <https://doi.org/10.3389/fmed.2021.646276>
3. Babinets L, Migenko B. Optimization of the Teaching of Surgical Disciplines in the Training of Family Medicine Specialists at the Undergraduate Level of Education. Fam Med Eur Pract. 2023 Feb 28;(1):35-43. <https://doi.org/10.30841/2786-720x.1.2023.277479>
4. Vinker S. Innovations in family medicine and the implication to rural and remote primary care. Adv Clin Exp Med. 2023 Jan 5;32(2):0. <https://doi.org/10.17219/acem/158171>
5. Vears DF, Gillam L. Inductive content analysis: A guide for beginning qualitative researchers. Focus Health Prof Educ. 2022 Mar 31;23(1):111-27. <https://doi.org/10.11157/fohpe.v23i1.544>
6. Garattini L, Nobili A, Badinella Martini M, Mannucci PM. The role of general practitioners in the EU: time to draw lessons from a too wide range? Intern Emerg Med. 2023 Jan 23. <https://doi.org/10.1007/s11739-023-03205-y>
7. Devillers L, Friesse S, Caranta M, Tarazona V, Bourrion B, Saint-Lary O. General practice undergraduate and vocational training: ambulatory teaching and trainers' curriculum and remuneration – a cross-sectional study among 30 member countries of WONCA Europe. BMC Med Educ. 2023 Jun 14;23(1). <https://doi.org/10.1186/s12909-023-04419-6>

Received 19.01.2025

Accepted 21.05.2025

INFORMATION ABOUT THE AUTHORS

Iryna L. Vysochyna, MD, PhD, Professor, Head of the Department of Family Medicine, Postgraduate Education and Internal Medicine Propaedeutics, Dnipro State Medical University, 49044, Dnipro, Ukraine, V. Vernadsky St., 9, tel.: (056) 766-48-48, e-mail: vysochynail@gmail.com, <https://orcid.org/0000-0003-3532-5035>

Volodymyr V. Kramarchuk, MD, PhD, Assistant Professor, Department of Family Medicine, Postgraduate Education and Internal Medicine Propaedeutics, Dnipro State Medical University, 49044, Dnipro, Ukraine, V. Vernadsky St., 9, tel.: (099) 370-63-24, e-mail: vvkram@ukr.net, <https://orcid.org/0000-0002-4224-6493>

Tetiana O. Yashkina, MD, PhD, Assistant Professor, Department of Family Medicine, Postgraduate Education and Internal Medicine Propaedeutics, Dnipro State Medical University, 49044, Dnipro, Ukraine, V. Vernadsky St., 9, tel.: (056) 766-48-48, e-mail: tiya2006@ukr.net, <https://orcid.org/0000-0002-1747-4849>

Nataliia S. Bashkirova, MD, PhD, Associate Professor, Department of Family Medicine, Postgraduate Education and Internal Medicine Propaedeutics, Dnipro State Medical University, 49044, Dnipro, Ukraine, V. Vernadsky St., 9, tel.: (056) 766-48-48, e-mail: bashkirovan@ukr.net, <https://orcid.org/0000-0003-0716-2419>

Andrii V. Chernylovskiy, MD, PhD, Assistant Professor, Department of Family Medicine, Postgraduate Education and Internal Medicine Propaedeutics, Dnipro State Medical University, 49044, Dnipro, Ukraine, V. Vernadsky St., 9, tel.: (056) 766-48-48, e-mail: chernilovskianidrei@ukr.net, <https://orcid.org/0000-0003-3544-6291>