DOI: 10.2478/rpp-2018-0055

Postgraduate Student, **LIUDMYLA YAKOVYSHENA**
Mykhailo Kotsiubynskyi Vinnytsia State Pedagogical University, Ukraine
Address: 32 Ostrozkyi St., Vinnytsia, 21001, Ukraine
E-mail: ludmilayakovishena@gmail.com

PROFESSIONAL TRAINING OF MEDICAL SPECIALISTS: INTERNATIONAL EXPERIENCE

ABSTRACT

The article deals with international experience in medical professional education and analyzes the modern trends in professional training of junior medical officers, specificity of their professional training in 1 and 2 accreditation levels institutions of higher medical education in the context of the European integration process. Subject Benchmark Statements of Ukrainian higher education were defined as a list of requirements for knowledge, abilities and skills in solving professional tasks. It is emphasized that targeted development of professional competency is viewed as the most important practical objective of an educational institutions. It is specified that professional training of future nurses in Ukrainian medical colleges is characterized by certain advantages and disadvantages. Ukrainian and international experience in medical education was comparatively analyzed. The American, Canadian and European systems of professional training for medical specialists were considered. It is found that American colleges provide comprehensive and multilevel training for nurses. It is highlighted that integrated three-hour classes are the leading form of the education process organization in Canada. It combines theoretical and practical training. Considerable attention was paid to determining the current trends in the organization and functioning of nurse education in Europe, the USA and Canada. Based on the analysis of professional training junior medical officers in some European countries, the USA and Canada, it is concluded that it is essential to take into account positive aspects of European, American and Canadian experience in nurse education while planning reforms in Ukraine.

Keywords: professional competency, junior medical officer, medical specialist, 1 and 2 accreditation level institutions of higher medical education.

INTRODUCTION

The development and reform of the Ukrainian health care system require that a new generation of highly qualified medical specialists should be cultivated and innovative methods and technologies should be introduced into their professional training (Kontseptsiiia rozvytku, 2008).

The process of developing professional competency in a medical graduate is rather complicated. Therefore, it is imperative that educational institutions should view this process as purposeful and practically significant. The Ukrainian system of medical education partially incorporates competency-based approach into professional training of medical specialists. There are established qualification characteristics (knowledge, skills), which medical specialists should possess, and the procedure for their attestation and certification.

Improving the current system of professional training for junior medical officers, one should take into account some positive aspects of developed countries' experience, namely wider recognition of nurse functional capabilities and responsibilities and their assignment to the primary level of health care. In the USA and some European and other countries, the nurse is considered to be not only the doctor's "right arm" but also as an independent medical specialist who is authorized to decide on a diagnosis, treatment appointment and rehabilitation on his own. In Ukraine, functional duties of doctors and nurses are strictly differentiated and nurses are mostly perceived as doctor assistants (Hrebenyk, 2014).

THE AIM OF THE STUDY

The article is aimed at analyzing modern trends in professional training of junior medical officers in higher education institutions in some European Union countries, the USA and Canada.

THEORETICAL FRAMEWORK AND RESEARCH METHODS

International experience in professional training of junior medical officers was studied by Ukrainian and foreign scholars. The problem of developing professional competency of future medical specialists was highlighted by J. Buchan & L. Calman (2005), P. Benner & M. Sutphen (2010), M. Donahue (2010), W. Petro, J. Schulenburg, & J. Greiner (2005), A. Stromberg, J. Martensson & B. Fridlund (2001), J. Sullivan (1998) et al. The prospects for higher education development in Europe were determined by S. Berg, J. Woznicki et al. Modern scientific approaches to solving the problem of developing professional competency in future medical specialists were justified by Ya. Kulbashyna. The problem of competency management, professional development, employee motivation, culture and ethics was considered by T. Oleksyn.

The aim of this study was achieved based on the analysis and synthesis of empirical material (monographs, thesis abstracts, scientific articles), modern international experience in training junior medical officers, etc.

RESULTS

The research considers modern professional training of junior medical officers based on the experience of global educational and medical space. The scientific examination of literary sources proves that the nursing profession is sought after in the USA. American higher education institutions provide nursing education at various levels: a licensed practical nurse (LPN), an associate of science in nursing (ASN), a bachelor of science in nursing (BSN), a master of science in nursing (MSN) and a doctor of nursing science (DNS). Nursing education is mainly provided by colleges and involves professional disciplines, psychology, social sciences, humanities and natural sciences. Medical schools introduce new multidisciplinary and interdisciplinary such as critical thinking, communicative interaction, psychology of communication, digital technologies, foreign languages, etc. Relevant study programmes include in-patient training and supervised clinical practice in hospital. They aim to prepare graduates for professional medical activity. Therefore, they teach them how to provide patients with care under the guidance of doctors and certified nurses. The multi-faceted individualization of learning is more and more in demand. Study programmes integrate technology and use strategies for distance learning (Hrebenyk, 2014).

In the USA and Germany, they implement case management. This approach is rather common due to the fact that doctors in these countries usually have private practices and outpatient and hospital sectors are separated from each other. Nurses mostly conduct an initial examination and refer patients to appropriate health care facilities (Sullivan, 1998).

The Canadian system of nursing education is similar to that in the USA. Yu. Lavrysh indicates that integrated three-hour classes are the leading form of the education process organization in Canada. It combines theoretical and practical training. Practical tasks consist of situational tasks, problem situations and questions. In the country, interactive methods of problem-based learning are prevalent. They involve analyzing practical situations and other interactive teaching methods (discussions, graphical charting of topic, interactive lectures, laboratory work in simulation laboratories, etc.). Most skills are practiced only on simulators, and clinical practice is introduced during senior years of study (Lavrysh, 2009).

Nursing education in European countries is provided in accordance with relevant legal documents and takes into account the innovative processes taking place in the health care system. Nursing education is offered by nursing schools, colleges and institutes, universities and academies. In most European countries, licensed nurse qualification can be obtained in 3 years (Greece, Estonia, Spain, Sweden) or 3.5 years (Austria, Belgium, the UK, Denmark, the Netherlands). Subsequently, it is also possible to obtain Bachelor of Science in nursing. Upon completion of the master's degree in nursing, graduates may obtain a doctoral degree in the field (the UK, Greece, Poland and Austria). In Austria, they implement a course in nursing studies (Palasiuk, 2012).

Studying professional training of future medical specialists in France, Ye. Kharlashina (2015) notes that in France, a nurse is considered to be additional medical staff. Midwifery is more in demand and is equated with medical professions, which include doctors and dentists. Medical education institutions, which prepare additional medical staff, give preference to studying clinical and fundamental disciplines combined. However, attendance of lectures is not mandatory and students can search for the necessary information independently and engage in self-directed study. Attendance of practical classes is mandatory and is supervised by lecturers. Students can solve complex clinical problems and problem situations. In such a way, professional training develops professional and creative thinking of future specialists. Lecturers become mere observers and can either adjust or coordinate student performance.

Considering the Swedish system of health care, it should be noted that nurses play an increasingly important role in providing highly skilled care to patients with chronic or complicated conditions (diabetes mellitus, bronchial asthma, heart failure, mental illnesses). They also have a limited right to prescribe medicines (Stromberg, Martensson, & Fridlund, 2001). In Swedish medical centers, the patient is first examined by the nurse, who can then refer him/her to a general practitioner. A similar situation is observed in Finland, where 80% of patients are first examined by nurses, and then, if necessary, they are referred to doctors, and only 20% of patients are referred directly to doctors. In the Scandinavian countries, nurses also play a leading role in urban and rural health centers. In the Netherlands, care to patients in non-working time is provided upon the decision of the nurse with taking into account the established criteria. Nurses rely on clinical protocols and have the right to change medical therapy in these protocols (Benner, & Sutphen, 2010).

In Poland, higher education is characterized by the system of three-cycle training, namely a licentiate, a master's degree, a doctor's degree. Analyzing professional training of medical junior officers, N. Ernandes (2012) compared the models of professional training in nursing in Poland and Ukraine, "a bachelor's degree in nursing in Poland and a qualification of a junior medical officer (nurse) in Ukraine cover the same amount of study time. However, the Ukrainian model of training is allocated significantly more study hours than that in Poland. It must be noted that the Polish system of training prioritizes the

allocation of more study hours to clinical training as opposed to Ukrainian study programmes. In Ukraine, most institutions of higher medical education traditionally engage doctors in training nurses, whereas Polish methodology requires that Masters of Science in nursing should supervise professional training of future nurses”.

Among the ten most popular professions in the UK, there is the nursing profession with specialization in assisting patients with certain diseases (diabetes mellitus or bronchial asthma). Such nurses see, observe and teach patients or conduct field and educational activities aimed at further training other medical and social workers. In developed European countries, general practitioners generally do not visit patients at home, except in rare cases. Therefore, this is the responsibility of trained nurses (Donahue, 2010).

Paramedical personnel in this country are educated in medical schools and colleges. The curriculum includes 50% of theoretical training and 50 % of clinical training in hospitals or other health facilities. According to Yu. Hrebenyk, “theoretical course can be completed at year 3 or 4 of full-time study programme, depending on academic subjects and a degree in nursing to be obtained. Part-time study programmes cover from 4 to 6 years. The UK system of nursing education is characterized by narrow specialization. Nursing students can choose subjects, draw an individual plan of study and distribute study time. Considerable attention is paid to developing communicative culture in students. The emphasis is put on the communication between the patient and the nurse, as well as the latter’s behaviour in various communication situations. In addition, educational activities are considered to be a priority, since nurses should be able to inform the patient about his/her illness, their prevention and a healthy lifestyle (Donahue, 2010).

The generalized international experience in organization and functioning of nursing education, its identified peculiarities in Europe, the USA and Canada makes it possible to determine the following trends in its development: 1) adherence to integration policies in nursing education; 2) lack of standardization and unification, global integration of education systems; 3) coordinated theoretical and practical components of higher professional education; 4) the increasing role of research in professional training and professional activity of nurses; 5) gradual complication of professional education systems, expansion of nursing education with regard to adult population; 6) standardization and technologization of professional medical activity; 7) creation of a single information environment for the field, widespread use of the Internet with its information resources and intensive development of distance learning; 8) constant updating of educational goals, content and technologies in nursing education taking into account the achievements of technological and social progress and the requirements of global education standards (Hrebenyk, 2014; Lavrysh, 2009).

It must be noted that the EU has already taken certain actions to realize this goal. The European Credit Transfer System (ECTS) adopted between the EU countries facilitates cooperation between European educational institutions, widens opportunities for students, for example, internships abroad.

CONCLUSIONS

Therefore, comparative analysis of professional training for junior medical officers in some European countries, the USA and Canada makes it possible to conclude that each country has its own peculiarities in reforming nursing education. It would be impossible to single out one country, whose reform of nursing education is the most successful one. Since the Ukrainian system of professional training in nursing is being reformed, it is expedient to

analyze how nursing education development is regulated by government agencies in Europe and the USA in order to borrow some positive aspects of such experience and implement them in Ukraine.

Further research should deal with development of methodically justified approaches to promoting professional development of junior medical officers.

REFERENCES

1. Benner, P., & Sutphen, M. (2010). *Educating nurses: a call for radical transformation*. San Francisco, CA: CA Jossey-Bass.
2. Buchan, J., & Calman, L. (2005). *Skill-mix and policy change in the health workforce: nurses in advanced roles*. Paris: OECD.
3. Donahue, M. P. (2010). *Nursing the finest art: an illustrated history*. St. Louis, MO: CV Mosby.
4. Ernandes, N. A. (2012). *Osoblyvosti vyshchoi medsestrynskoi osvity v Polshchi i v Ukraini*. Materialy Vseukrainskoi naukovo-praktychnoi konferentsii "Vyshcha osvita v medsestrynstvi: problemy i perspektyvy". Zhytomyr: Zhytomyrskiy institut medsestrynstva.
5. Hrebenyk, Yu. S. (2014). Zmist formuvannia komunikatyvnoi kultury maibutnikh medychnykh pratsivnykiv u medychnykh koledzhakh SSHA. *Science and Education a New Dimension. Pedagogy and Psychology*, II (18), 49–52.
6. Kharlashina, E. V. (2015). *Rol innovatsionnykh tekhnologii v protsesse professionalnoi podgotovki srednego meditsinskogo personala vo Frantsii*. Materialy V Mezhdunarodnoi nauchno-prakticheskoi konferentsii "Vospitanie i obuchenie: teoriia, metodika i praktika". Cheboksary: TSNS "Interaktiv plius".
7. Kontsepsiia rozvytku vyshchoi medychnoi osvity. № 522/51. (2008)
8. Lavrysh, Yu. E. (2009). *Profesiina pidhotovka medychnykh sester v universytetakh Kanady*. (Avtoref. dys. kand. ped. nauk). Institut pedahohichnoi osvity ta osvity doroslykh APN Ukrainy, Kyiv.
9. Palasiuk, H. B. (2012). Pidhotovka doktoriv nauk z medsestrynstva v universytetakh Avstrii. *Medychna osvita*, 1, 85–89.
10. Petro, W., Schulenburg, J., & Greiner, W. (2005). Effizienz eines Disease Management Programmes bei Asthma. *Pneumologie*, 59, 101–107.
11. Stromberg, A., Martensson, J., & Fridlund, B. (2001). Nurse-led heart failure clinics in Sweden. *European Journal of Heart Failure*, 3, 139–144.
12. Sullivan, J. T. (1998). *Collaboration: a health care imperative*. New York, NY: McGraw-Hill Medical.