Восьмий Британсько-Український симпозіум
«АКЦЕНТ НА ПРОБЛЕМАХ СТАНДАРТИЗАЦІЇ В АНЕСТЕЗІОЛОГІЇ, ІНТЕНСИВНІЙ ТЕРАПІЇ ТА НЕВІДКЛАДНІЙ ДОПОМОЗІ ПРИ ТРАВМАХ ТА ПОРАНЕННЯХ»,
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Оцінка задоволеності післядипломною освітою з анестезіології та ІТ в Україні та Європі

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Designed by © Dr Kiseleva

На Європейському конгресі анестезіологів ESA (2015 р. Берлін) Українську делегацію запросили доповісти про систему освіту в анестезіології та ІТ

Укр. делегація підготувала 2 постери і стенд

First pilot project of introducing objective structured exam after 2 years of anaesthesiology residency in Ukraine

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Association of Anaesthesiologists of Ukraine

Assessment of residents' knowledge is fundamental in anaesthetic training and requires a well-thought approach to establish their progress. Worldwide anaesthetic exams differ in their methodology and difficulty. After careful consideration we picked a model of British Fellowship of the Royal College of Anaesthetists (FRCA) OSCE exam. OSCE type model of exam evaluates theoretical knowledge as well as clinical knowledge and communication skills and has an easily replicated structure. It also tests non technical skills, which we consider of high importance in anaesthetic training.
In June 2014 in collaboration with our British collegues we conducted a pilot exam in Kiev, using the British model. The exam took place at the Department of Anaesthesia and Intensive Care of National Academy of Postgraduate Education. We simplified and adapted the exam to Ukrainian anaesthetic curriculum.

Instead of 17 stations we run 8:

1. Clinical scenarios – critical states in anaesthetic practice.
2. Cardiopulmonary resuscitation.
3. Anaesthetic history taking.
4. Practical performance of clinical skills on manikin (epidural anaesthesia, placement of laryngeal masks, difficult airway scenarios).
5. Anaesthetic equipment (laryngoscopes, Magil forceps, endotracheal tubes).
6. Patient primary survey (on manikin) or Glasgo Coma Scale evaluation.
7. Interpretation of chest radiographs and ECGs.
8. Anatomy station - neck structures or spinal tracts.

1. Clinical scenarios - critical states in anaesthetic practice

One examiner reads symptoms of intraoperative anaphylactic reaction, and another evaluates resident's skills of making a diagnosis and initiating treatment in a compressed time frame.

2. Cardiopulmonary resuscitation station

Assessment of resident's knowledge of ALS protocols.

3. Demonstration of practical skills on manikin

Residents show their practical skills of LMA insertion, intubation, cricothyrotomy, spinal and epidural anaesthesia and others.

4. Trauma patient assessment

5. Anaesthetic Equipment station

6. Interpretation of radiographs or ECGs

НА КОНГРЕСІ ESA В БЕРЛІНІ (2015)

Postgraduate training in Anaesthesiology and Intensive Care in Ukraine

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Association of Anaesthesiologists of Ukraine

SUMMARY: The system of postgraduate education in Ukraine and the 2 years residency in anaesthesiology

During the residency trainee spend 1 year at the Chair of Postgraduate education (as called in eye cycle or full time courses) and 1 year in a hospital where he or she is going to work (so-called one of eye cycle).
Chair of postgraduate education is another branch of Bogomolets National Medical University (in Ukraine – in Kyiv, Kharkiv or Zaporizhzhya) or in Medical University (in Lviv, in Ukraine). The chair of anaesthesia during the whole eye cycle (a 4 weeks) stays a week concrete, mostly small lectures one-to-one or even they speak to clinical hospitals where they consume patients and train their practical skills.
Every Chair of Postgraduate education normally has few (several) specialties up to 10 (clinical basics – different, especially with professional leaders and residents could have one clinical in terms of anesthesiologist and intensivist care. Different classes and lectures could be considered both on the case and on the clinical level.

During that of eye cycle one of eye hour of education trainee mostly prepares for a work in the same hospital where he or she is going to achieve a job, and in the same jurisdiction that he or she will be experienced after third-fourth residency.
Practical anesthesiology is taken on a separate exercise on to receive a job in children. Usually it is necessary to miss separate rotations.
The practical hours of the system are accepted, documented, attained, during the eye cycle in combination with training in the place of future work. It makes system possible to prepare anesthesiologist to be ready to work in much short 2-year period.
The drawbacks of the system are weak knowledge and lack of practical skills in such subspecialties as paediatric anaesthesia, cardiac anaesthesia, pain medicine etc.

Answers on ESA questions

1. How are the residents in anaesthesia-intensive care selected in your country?
A. National numerus clausus.
More than half of Medical University students are studying at public expense (on a budgetary basis). At the end of six years of study in Medical Universities, these students receive diplomas according to work order (support from the medical regulatory authorities (regional health department off-set). "Budget" students need to an job agency distribution in specialty according to the force place of activities and on the university, where they will undergo residency (mandatory training, prior for five-year cycle). The of "Budget" Medical University students since the science specialty, even if they graduate the university with honours. Most graduate students can only distribution to rural areas (around towns with small population where hospital experienced lack of anaesthesiologists, not more than two anes. with one doctor at least 3 years, class, of anesthesiologist, or a 10-year graduation effort could be a determining factor in the choice of specialty.
B. Regional numerus clausus.
A few graduates have of non-local students who study outside of an own province on a contract basis and they receive no distribution to work from the medical regulatory authorities. In this case, the state does not guarantee job to the graduate. They are forwarded to work distant over for the most favourable job and for a medical university, more convenient, to undertake postgraduate training. Therefore, these graduates have more freedom in choosing a profession which pleased them more, and their choice is more conscious. A particular place of work a resident can find during his or her training in specialty or after completion of training. Some graduates seek vacancies primarily in a particular region (where they come from, or where they have sponsors or other recommendation). In such cases, the choice of profession and professional orientation depends not only on human desire or on the availability of a vacancy as well.
C. At the level of the hospital.
The hospital almost does not collect on who will be chosen for it from budgetary graduates. However, the hospital may contract with graduates, who have studied for a fee.

2. Do you have a programme to present the specialty of anaesthesia - intensive care to the medical students?
A. Lectures.
At the 6 th year of learning at the Medical University, students take 2-week course in general pathology and medicine, biology, and 1 week of emergency medicine study. During this course, students are taught mostly basic diagnostics and treatment of sudden acute and acute life-threatening conditions. Our course in anaesthesiology are absent not included in this cycle. Special administration or anesthesiologist lectures do not exist, neither in specialty anaesthesiology nor in intensive care, as well as in other specialties.
B. Rotations in the departments of anaesthesia and intensive care.
Usually residents study in some operative rooms and intensive care units as observers during studying in the most clinical departments, and also observe in some anesthesiologist.
During practical practice students attend departments on all basic profiles – trauma, surgery, paediatrics, emergency conditions and obstetric medical care clinics and wards. They could even have some practice in performing of simple medical procedures. Along with that, the program does not include obligatory practical training in departments of anesthesiology and intensive care.
After 2 years of study in the University, in their time of studying hours students may work as nurses in various departments, including the ITU. As soon as in the ICU, either present some vacancies (especially in large hospitals in regional cities, where there are a heavy workload for nurses), medical students may receive this job. Such operative nurse's job often accepted by students who are going to be anaesthesiologists in the future. This practice often could lead to the choice of profession and the future their employer. In the course of residency, some students who work as a nurse or student or later university courses have to move to the same department where the real anesthesiologists work as a resident.

3. In the case of a competitive examination (either national or regional), what is the rank (as compared to other specialties) of the first and last residents admitted in the specialty?
Competitive examinations that would determine the entry to specialty does not exist. However, medical students could learn that the specialty of anaesthesiology requires higher level of knowledge and training compared to other medical specialties. Therefore, physicians whose knowledge are higher than average are more likely to enter into anaesthesiology. This assumption confirms the fact that residents anesthesiologists usually pass examination on "Step 3" honour that is average level of residents from other specialties.

4. How long does the residency training last?
Training in residency lasts 2 years. On the beginning of the first year the first month of training residents spend in hospital. Then they conduct 6 month ST time rotation cycle, other four 10 month in the clinic, and finally 6-month third innovated training cycle. Residents anesthesiology in Ukraine is a separate specialty and lasts of residency. Sometimes, with the program is different.

5. How many years minimum of training in anaesthesia?
Standard residency on anaesthesiology and intensive care is 2 years, but if the doctor wants to get free general to pediatric anesthesia or vice versa, it may take him or her staying of 3-month specialization.

6. How many years minimum of training in intensive care?
Special training program on Intensive Therapy does not exist. During residency, teaching of both specialties (anaesthesiology and intensive therapy) is conducted together.

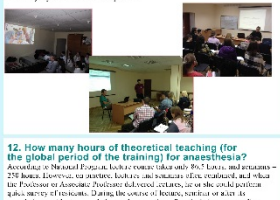
7. How many months of training in pain therapy?
Special training program on pain medicine does not exist and teaching in this specialty is almost not conducted during residency.

8. How many months of training in emergency medicine?
"Medicine of emergency conditions" is a separate specialty, which provides physicians with the ability to work in ambulance care on pre-hospital stage. Residency of emergency medicine lasts 1.2 years.

9. How many first year residents are trained each year in your country?
Annually, in the last years, the number of graduates ranges from 500 to 600 residents (from a total 10000 of graduates). As an aside, Ukraine with over 5000 anaesthesiologist and intensivists care physicians near 3% of population, continuity is not ensured. It has to be underlined that more than 2000 of anaesthesiologist positions are vacant (usually in small towns).

10. What is the population of your country?
For far in 2 decades, Ukrainian population continued from 52 to 46 million that falling into regular. In events in Crimea and eastern Ukraine.

11. Do you have a national syllabus?
Yes, in approved residency program exists. Current program developed in early 1990 and every 5 years reviewed and updated.



12. How many hours of theoretical teaching (for the global period of the training) for anaesthesia?
According to National Program, lectures courses take only 96 hours, and seminars – 250 hours. However, in practice, lectures and seminars often combined, and when the Professor or Associate Professor delivered lectures, he or she could perform quiz survey of residents. During the course of lectures, seminar or after the complete, residents can ask the teacher questions. Practical classes according to the program are 1377 hours, but usually the time could be widened from these practical classes and may be devoted to theoretical training. In practice for 2 years in residency, doctors could listen to from 200 to 450 hours lectures or lectures-seminar theoretical classes. Number of hours depends on the specialties and size of the civil where trainers are trained (more specialized teachers – more interesting and useful lectures could be held seldomly. About half of the time for lectures and studies is devoted to anaesthesiology.

13. How many hours of theoretical teaching (for the global period of the training) for intensive care?
Approximately half of the theoretical and practical training time is devoted to intensive care.

14. Is this theoretical teaching organized nationally or regionally?
Theoretical training program was developed at the national level, but in practice, each institution can customize it and in a certain volume plan (usually one month) with greater flexibility in time. Such variation of teaching time spent on different topics enables enhance of efficiency of training process and let experts develop more time in teaching those topics in which they have larger experience. Other topics, which were omitted in lectures, residents could study by themselves.

15. How do you organize the acquisition of practical skills?
Unlike many countries, in Ukraine most practical skills are training on real patients. Medical and technical aids (simulators, mannequins, training toys and other teaching aids) practical skills on mannequins are a minimum. Since the admission of a inexperienced resident learning in profile area is generally not a real patient associated with a particular risk for the patient. So physicians-practitioners are often necessary to allow residents to practice various manipulations.
During the last years, education work, on local levels not after group of 5-7 residents. In the hours, no minimum practical practice (usually, only at night duty anaesthesiologist daily count nurse per year in the ICU, he or she can teach resident personally. However, more often, the resident does not have such substantial clinical practice, and therefore other more experienced doctors or training residents in this department. In this case, the practical personality may not usually monitor the learning process, so it is not a simple thing to arrange teaching process such ideal work during the working time for the day or night duty.
Under the plan, each resident must attend monthly only 2 night duties. However if they conducted in large emergency hospitals paramedic flow of emergency patients they seek opportunities for quickly change practical skills and doctor also attend night shifts much more often than 2 times per month.

16. Do you have an individual (auto) evaluation form, filled in by the resident or the tutor on the acquisition of practical skills?
During the 6 month course of education (or eye cycle) in the first and the second years of training residents take 3-4 end-intermediate exams (end-term, you voices and 1-3 standings computer tests (answers to multiple choice questions). At the end of the last exam year residents doctor pass exam "Step 3". However, the number of tests and ways of their conducted are not regulated at the national level, so these may differ between other departments of postgraduate training.

17. Who is in charge of the evaluation of progression of acquisition of practical skills?
The responsibility on monitoring the progression of practical skills in anesthesia. The member of the group is directly responsible for the acquisition of practical skills in group, which consist of 4-7 residents. Residency Curator is responsible for implementing the plan of training and testing developed for each course of the residency course, which could every month (4-5 weeks duration) or every six months (up to 50 residents at Kyiv state for postgraduate education). Head of the Chair (teaching department) is responsible for resident work and the level of training in the department at all. Dean of the University or the Academy is responsible to the Health Ministry for the education.

18. Do you have intermediate evaluation/examinations during residency?
During the 6 month course of education (or eye cycle) in the first and the second years of training residents take 3-4 end-intermediate exams (end-term, you voices and 1-3 standings computer tests (answers to multiple choice questions). At the end of the last exam year residents doctor pass exam "Step 3". However, the number of tests and ways of their conducted are not regulated at the national level, so these may differ between other departments of postgraduate training.

19. Do you have a final evaluation/ examination at the end of the residency?
All residents make 3-step exam: 1) 100 questions multiple choice test 2) describing of practical skills in a written form; 3) final oral exam exam paper includes three questions. It should be noted that the possibility of passing the exam on the first attempt is very high, and usually exceeds 90%. There never was that not the type of for the same high level of training and preparedness for a week. This situation is established primarily because there is a shortage of anesthesiologists and fill of residents's exam is not just an or an personal tragedy. But often results in fact, that if a certain the candidate, who, other, resident, could not be replaced by a more. The level to practicum of training an exam was created in modern education in general and education in anesthesiology in the past few decades ago, and it is still in place.
We should underline the difficulties in assessing of practical skills, primarily due to the lack of standardized evaluations. As a demonstration of practical skills on a real time on different educational objects by its own. Such variation of teaching time spent on different topics enables enhance of efficiency of training process and let experts develop more time in teaching those topics in which they have larger experience. Other topics, which were omitted in lectures, residents could study by themselves.

20. How many of the residents trained each year remain in your country?
Statistics data have many contrasts, when many graduated residents remain in country, one working course residents and ICU physicians does not so. However, we are confident from very first graduates can get a good carrier job in medicine or other for residency. We believe that in near more than 3-5% only is associated with very tough regulatory restrictions from European countries and with the language barrier.

21. Please provide a global evaluation note(from 1: very poor to 10: excellent) for the anaesthesia-intensive care residency training in your country.
This assessment varies within a wide range and depends on many factors (e.g., whether one were evaluators knows the details of preparation and of the involved in teaching, residents, etc.). In general, in Ukraine – we give a 6. However, it is not the teaching department with large experience in scientific education with or the Department of Anesthesiology of National Medical Academy for Postgraduate Education (NMAPE) are some other similar in size and experience were in ordinary hospital.

CONCLUSIONS

1. Education system in Ukraine is different from European in terms of short training time and very brief teaching of anaesthesia subspecialties such as paediatric anaesthesia, cardiac, neuro- anaesthesia and intensive care and in pain medicine.
2. The teaching of practical skills of some manipulations and technique such as regional anaesthesia, use of contemporary tools for tracheal intubation, etc. is certainly weak point in our training programme.
3. Increasing of demanding and enacting during intermediate and final examination of our residence has to increase motivation to learning more intensively and thoroughly during the residency course.

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Schedule of poster PRESENTATION at Ukrainian village on ESA 2015 Congress

Data, day	Time	Presenter	Backup	Comments
30.05 Saturday	8:30 - 9:00	Maksym Pylypenko		To clue posters
	9:00 - 12:00	Yuriy Kobelyatskyy	DG	
	12:00 - 13:00	Maksym Pylypenko	IK	Lunch
	13:00 - 13:45	Sergii Dubrov		
	13.45 - 14:00	Iryna Kyselova	SD	Break
	15:00 – 17:45	Olena Khomenko		
	17:45 - 18:00	Maksym Pylypenko		Break
31.05 Sunday	8:30 – 10:00	Olena Khomenko	NP	
	10:00 - 10:30	Iryna Kyselova	DG	Break
	10:30 - 12:00	Dmitriy Gavryuchenko		
	12:00 - 12:15	Valerii Artemenko	SD	Break
	12:15 – 13:45	Valerii Artemenko		Industry Symposium
	13:45 – 14:00	Nataliya Pyasetska		Break
	14:00 – 15:30	Sergii Vorotyntsev		
	15:30 – 16:00	Iryna Rybinkina	IK	Break
	16:00 – 17:30	Nataliya Pyasetska		
01.06 Monday	8:30 – 10:00	Dmitriy Gavryuchenko	IK	
	10:00 - 10:30	Sergii Dubrov		Break
	10:30 - 12:00	Sergii Vorotyntsev		
	12:00 - 12:15	Nataliya Pyasetska		Break
	12:15 – 13:45	Iryna Rybinkina		Industry Symposium
	13:45 – 14:00	Iryna Rybinkina		Break
	14:00 – 15:30	Yuriy Kobelyatskyy		
	15:30 – 16:00	Nataliya Pyasetska		Break
	16:00 – 17:30	Olena Khomenko		
02.06 Tuesday	8:30 – 10:00	Nataliya Pyasetska		
	10:00 - 10:30	Maksym Pylypenko		Break
	10:30 - 12:00	Yuriy Kobelyatskyy		
	12:00 – 12:30	Maksym Pylypenko	IK	Dissembling poster

Yuriy Kobelyatskyy (YuK)	Prof., Dnipropetrovsk State Medical Academy, Dnipropetrovsk
Sergii Dubrov (SD)	Prof., Bogomolets National Medical University, Kyiv
Sergii Vorotyntsev (SV)	Ass. Prof., Zaporizhzhya State Medical University, Zaporizhzhya
Maksym Pylypenko (MP)	Ass. Prof., National Medical Academy of Postgraduate Education, Kyiv
Iryna Kyselova (IK)	Asst. Prof., National Medical Academy of Postgraduate Education, Kyiv
Dmitriy Gavryuchenko (DG)	Asst. Prof., Odessa National Medical University, Odessa
Iryna Rybinkina (IR)	Brighton and Sussex University Hospitals NHS Trust, Brighton, UK
Olena Khomenko (OKh)	Kyiv City Center Reproductive and Perinatal Medicine, Kyiv
Nataliya Pyasetska (NP)	Kyiv City Center Reproductive and Perinatal Medicine, Kyiv
Valerii Artemenko (VA)	Clinical Hospital Into-Sana, Odessa

НА КОНГРЕСІ ESA В БЕРЛІНІ (2015)

Українська делегація була згуртованою

Оформлення стенду було в національному стилі

На стенді видавали цукерки, ручки, наклейки

НА КОНГРЕСІ ESA В БЕРЛІНІ (2015)

Організація стенду була ефективною і на стенді збиралось багато іноземних делегатів ЕСА

Анкета, що роздавалась на конгресі ESA в Берліні (2015) і група контролю – українські анестезіологи

Short SURVEY about anaesthesia-intensive care residency training in your country

Background: Well known that in the 21-st century almost over the whole Europe residency in anaesthesiology lasts 6 years. In Ukraine residency still lasts 2 years but due to economic situation, it is hard to change this. We have interviewedUkrainian anaesthesiologists about the term and satisfaction of their training in residency and received interesting results.

Aim: To look for a snapshot of the European anaesthesiologists'view on their residency and to compare with Ukrainian colleagues.

Methods: Please complete short, blinded survey. Thanks in advance!

Date _____ Country _____ City (town) _____

Year of entering in residency _____ Year of finishing residency _____

Are you working mainly in Operation Room (OR) in ICU or both ?

1. Please provide a global evaluation note (from 1 : very poor to 10 : excellent) for the satisfaction of your residency training _____ Comment _____

2. Please estimate your readiness for independent work just after residency training (from 1to 10) _____ Comment _____

3. If you would choose the term of your residency training HOW MANY YEARS you prefer to spend in the training? _____ Comment _____

4. Please imaginea situation (as it currently in Ukraine) where during your residency training you would not receive the salary but have to pay for your education by your own. How many years you WOULD PREFER to spend on the training IF YOU HAVE TO PAY YOUR OWN? _____ Comment _____

5. Do you agree that residency training should be separate for anaesthesiology and intensive care? _____ Comment _____

Thank you for your time and cooperation!

If you have any questions, commens or suggestions, please contact:
Assoc. Prof.MaksymPylypenko, Kyiv, Ukraine maxpyl@yahoo.com

ОПИТУВАЛЬНИК з навчання в інтернатурі з анестезіології та ІТ

ПІБ/Ініціали _____ _____ Дата: _____ Місто і роки проходження інтернатури _____
e-mail _____ Стаж роботи ____ Кваліфікаційна категорія ____
Кількість ліжок у ВІТ в якому працюєте ___ Кількість операційних в лікарні ____

У відповідях на запитання оцінку слід надавати за шкалою від 1 (дуже погано) до 10 (відмінно)

1. Надайте ЗАГАЛЬНУ оцінку (від 1 – дуже погано до 10 – відмінно) Вашого навчання в інтернатурі з анестезіології та ІТ: _____ Коментар: _____

2. На скільки Ви були готовими до самостійної роботи в анестезіології та ІТ після інтернатури (1-10)? ____ В чому основна невпевненість: _____

3. Якщо б під час навчання в інтернатурі з анестезіології та ІТ Вам виплачували зарплату інтерна, то СКІЛЬКИ РОКІВ Ви вважали б оптимальним навчатися в інтернатурі: _____
На скільки термін навчання залежить від розміру оплати? _____ Коментар: _____

4. Якщо б під час навчання в інтернатурі з анестезіології та ІТ Ви змушені були б ПЛАТИТИ за навчання САМОСТІЙНО, то СКІЛЬКИ РОКІВ Ви вважали б оптимальним навчатися в інтернатурі: _____ Коментар: _____

5. Чи вважаєте Ви за доцільне наявність ОКРЕМИХ спеціальностей «дорослої» та «дитячої» анестезіології? Так ☐ Ні ☐ (поставте галочку).
Чи вважаєте Ви за доцільне наявність ОКРЕМЕ проходження інтернатури з «дитячої» анестезіології Так ☐ ЧИ проходження єдиної інтернатури, а потім окремої спеціалізації? Так ☐
Коментар: _____

6. Чи вважаєте Ви за доцільне ОКРЕМО проходження інтернатури з АНЕСТЕЗІОЛОГІЇ і ОКРЕМО Інтенсивної Терапії? Так ☐ Ні ☐ Коментар: _____

7. Чи вважаєте Ви за доцільне окреме вивчання МЕДИЦИНИ БОЛЮ як окремої суб-спеціальності під час інтернатури? Так ☐ Ні ☐ Коментар: _____

8. На скільки чітко Ви уявляєте ВІДМІННОСТІ між навчанням в інтернатурі з анестезіології та ІТ в Україні та в ЄВРОПІ (1-10)? _____ У чому полягають ці відмінності? _____
_____

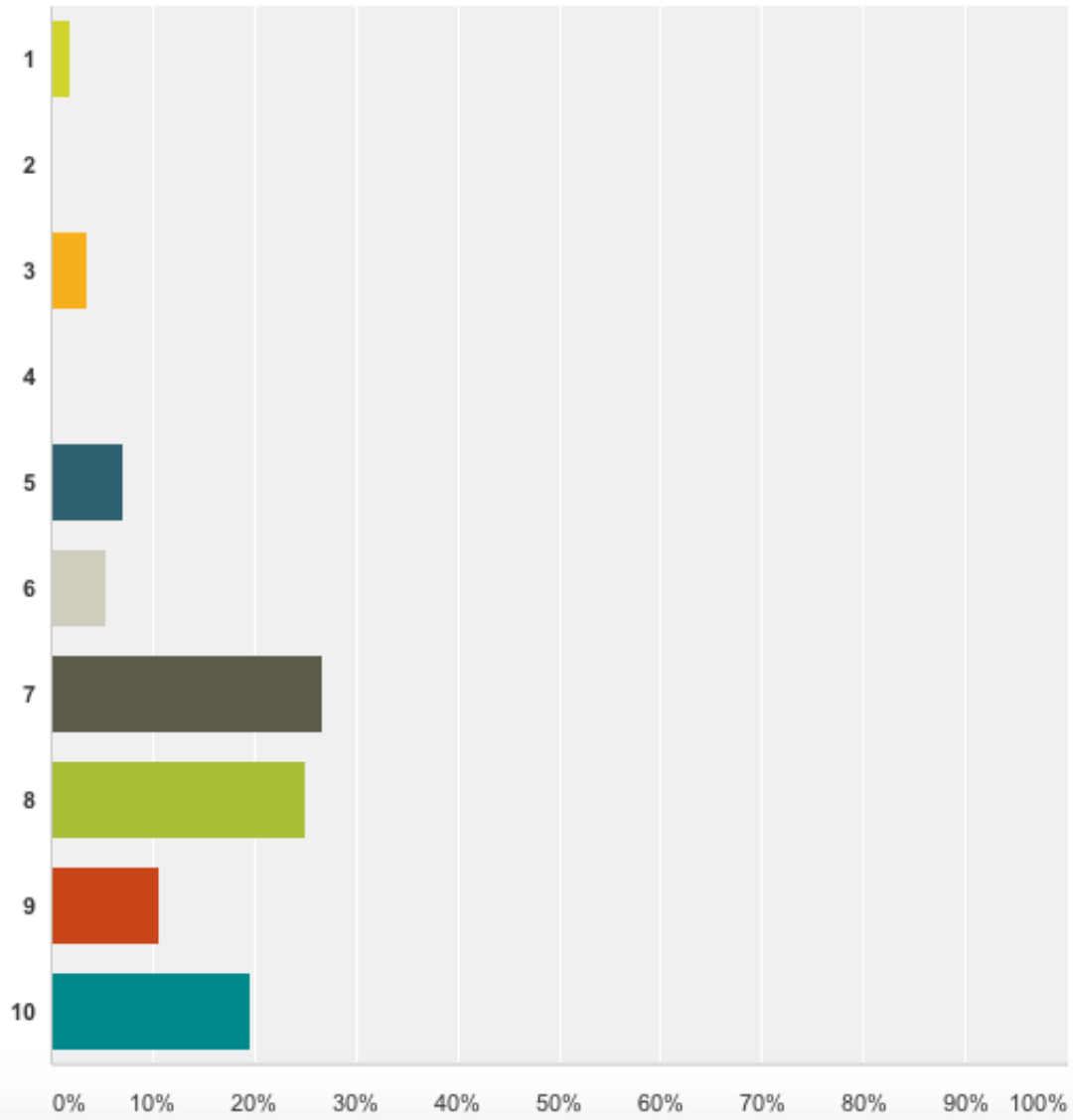
9. На скільки Ви вважаєте за доцільне збереження системи післядипломної освіти в анестезіології, яка сформувалась в Україні за останні десятиліття (1-10)? _____ Коментар: _____

ОПИТУВАННЯ УКР. ЛІКАРІВ ПРОВЕДЕНО І В MONKEY SURVEY

Більшість українських лікарів оцінюють своє навчання в інтернатурі на 7 балів із 10

Надайте загальну оцінку Вашого навчання в інтернатурі з анестезіології та ІТ(за шкалою, де 1 - дуже погано, 10 - відмінно)

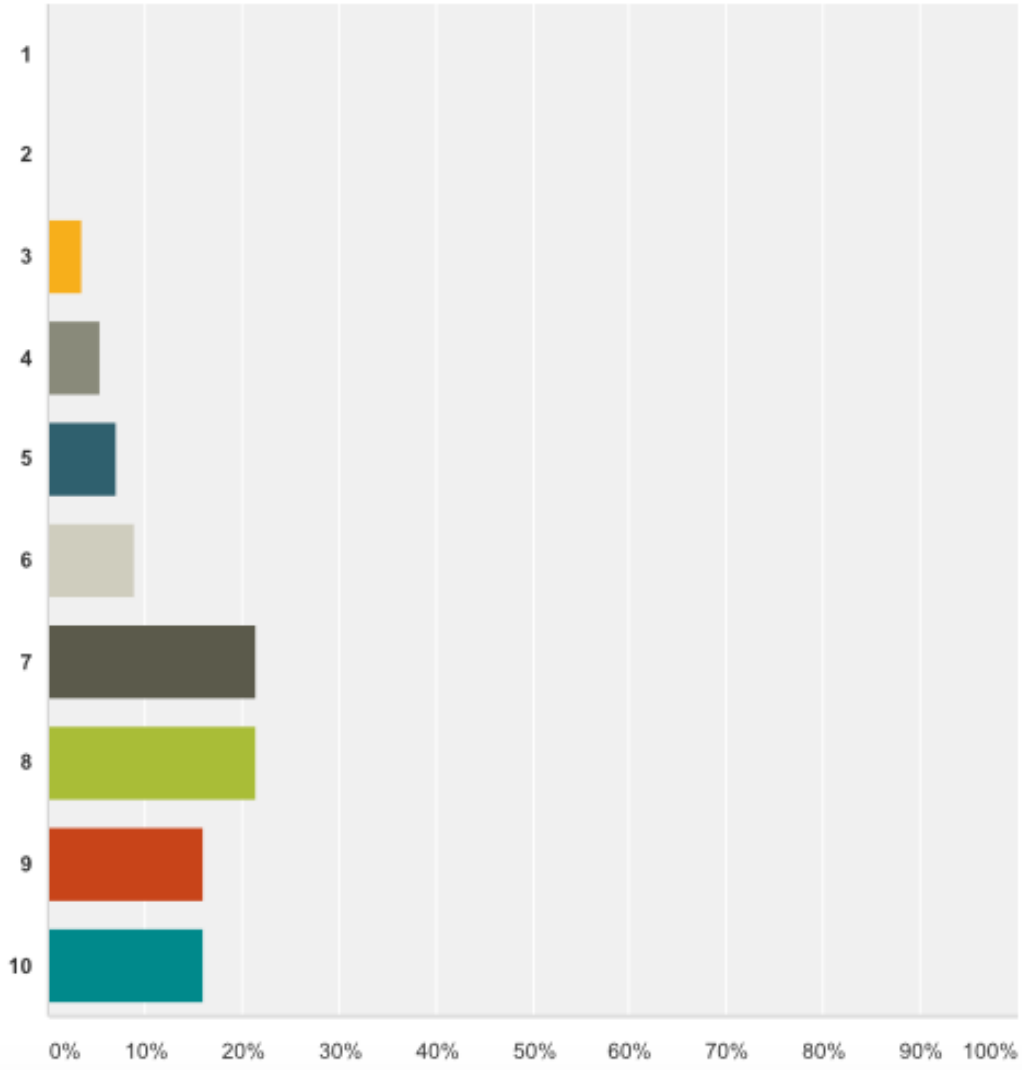
Ответили: 56 Пропустили: 52



Варианты ответа	Ответы	
1	1,79%	1
2	0,00%	0
3	3,57%	2
4	0,00%	0
5	7,14%	4
6	5,36%	3
7	26,79%	15
8	25,00%	14
9	10,71%	6
10	19,64%	11
Всего		56

На скільки Ви були готовими до самостійної роботи в анестезіології та ІТ після інтернатури? (за шкалою, де 1 - не були готови зовсім, 10 - були повністю готови)

Ответили: 56 Пропустили: 52



ВІДПОВІДІ 7 ТА 8 БАЛІВ РОЗПОДІЛИЛИСЯ ПОРІВНУ ТА ЗАЙМАЮТЬ НАЙБІЛЬШУ ДОЛЮ СЕРЕД ВІДПОВІДЕЙ НА ЦЕ ЗАПИТАННЯ

Варианты ответа	Ответы	
1	0,00%	0
2	0,00%	0
3	3,57%	2
4	5,36%	3
5	7,14%	4
6	8,93%	5
7	21,43%	12
8	21,43%	12
9	16,07%	9
10	16,07%	9
Всего		56

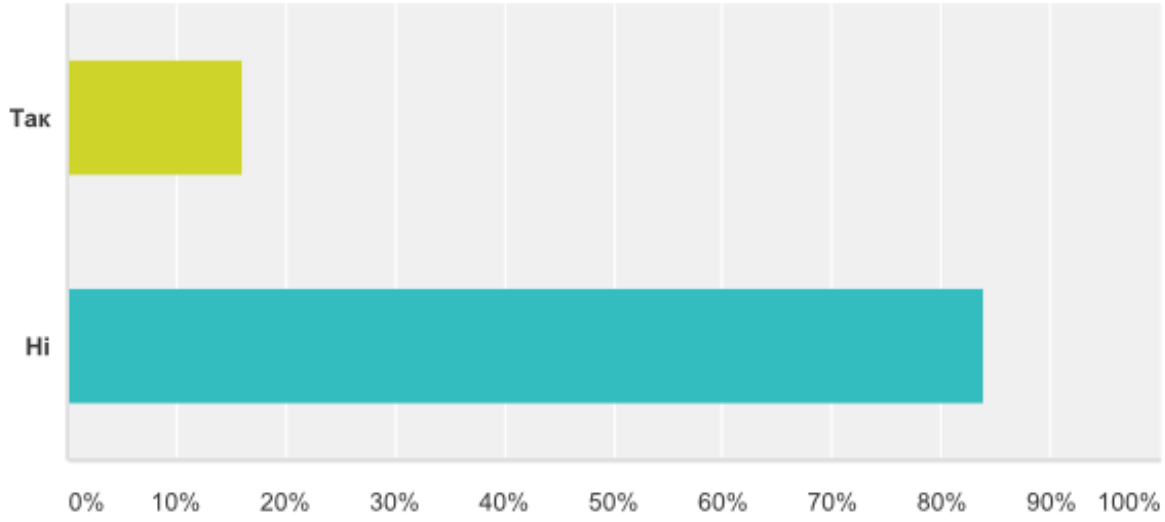
ЧИ ДОЦІЛЬНО ВИВЧАТИ ІНТЕНСИВНУ ТЕРАПІЮ ОКРЕМО ВІД АНЕСТЕЗІОЛОГІЇ?

84% вважають, що Анестезіологія та Інтенсивна Терапія це одна спеціальність, але у деяких відповідях припускався варіант поділу з подальшою спеціалізацією

«Це два літаки, які зараз мають паралельні курси, але через 5 хвилин вони вже розійшлись у протилежних напрямках.» *(з коментаря)*

Чи вважаєте Ви за доцільне проходження інтернатури ОКРЕМО з Анестезіології та ОКРЕМО з Інтенсивної Терапії?

Ответили: 56 Пропустили: 52



Варианты ответа	Ответы	
Так	16,07%	9
Ні	83,93%	47
Всего		56

НА АНКЕТУ, ЩО РОЗДАВАЛАСЬ НА КОНГРЕСІ ESA В БЕРЛІНІ (2015) ВІДПОВІДЬ ДАЛИ 157 АНЕСТ.

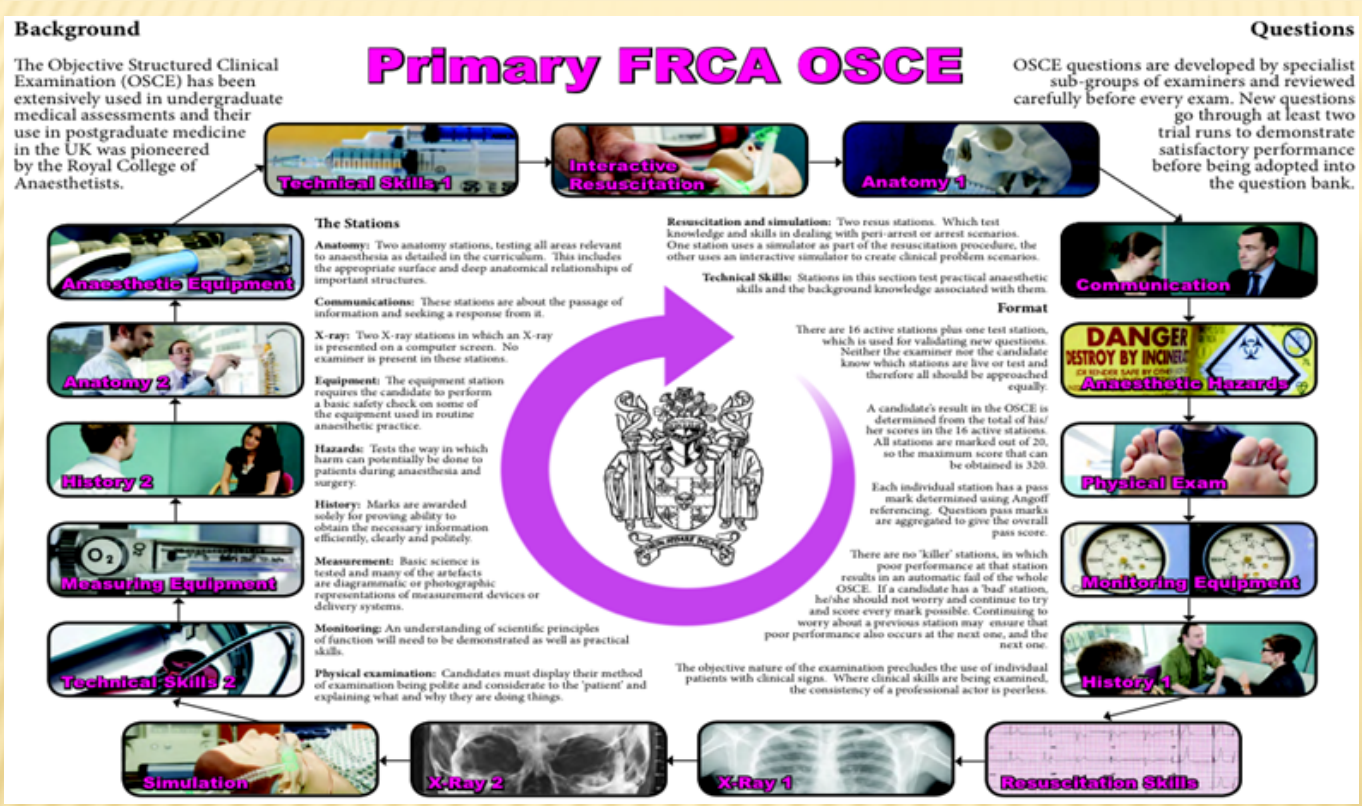
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	№ Опитуваль ника	Дата	Country	City	Year of entering into residency	Year of finishing residency	Term of residency	Term of work	Work in OP	Work in ICU	Work in both ICU and OP	**1.Satisfaction of your residency**	**2.Readiness for independent work**	3.How many years are you ready to spend for training	**4. If you pay for residency, how many years you prefer to spend in training IF YOU HAVE TO PAY YOUR OWN?**	5.Do you agree with the separate residency on An and IT.
150	149	02.06.16	Iraq	Najaf	2004	2006	2	11	0	0	1	8	7	4	4	1
151	150	02.06.16	UK	???	2001	2009	8	14	1	0	0	9	9	8	5	1
152	151	02.06.16	Iraq	Baghdad								9	10	3	2	1
153	152	02.06.16	USA	OKC	1978	1981	3	37	1	0	0	10	10	4	4	0
154	153	02.06.16	Canada	Hamilton	1987	1992	5	28	1	0	0	9	9	5	3	1
155	154	02.06.16	Mozambiqu	Mabuto	2007	2012	5	8	0	0	1	9	10	4	4	0
156	155	02.06.16	Poland	Warsaw	1993	1997	4	22	0	0	1	4	7	5	0	0
157	156	02.06.16	Iraq	Babil	1997	1998	1	18	0	0	1	3	4	3	1	1
158																
159		Mo			2012,00	1994,00	4,00	3,00	0,00	0,00	1,00	8,00	8,00	5,00	0,00	0,00
160		Me			1997,00	2000,50	4,00	18,00	0,00	0,00	1,00	8,00	8,00	5,00	3,00	0,00
161		**M**			**1981,73**	**1985,68**	**4,24**	**19,25**	**0,44**	**0,03**	**0,54**	**7,77**	**8,16**	**4,70**	**2,29**	**0,32**
162		σ			167,51	168,99	1,95	11,13	0,50	0,16	0,50	1,80	1,69	1,63	1,74	0,47
163		**m**			**13,33**	**13,44**	**0,15**	**0,89**	**0,04**	**0,01**	**0,04**	**0,14**	**0,13**	**0,13**	**0,14**	**0,04**
164																
165																
166		**Общее**					**4,24**	**19,25**	**0,44**	**0,03**	**0,54**	**7,77**	**8,16**	**4,70**	**2,29**	**0,32**
167							**1,95**	**11,13**	**0,50**	**0,16**	**0,50**	**1,80**	**1,69**	**1,63**	**1,74**	**0,47**
168																

Final data | All Ukraine | **All ESA** | Doctors_Summary | Interns_Summary | Doctors | Interns | ...

Нові напрямки освітньої діяльності кафедри: залучення до викладання і прийому іспитів легіонерів

Нові напрямки освітньої діяльності кафедри: практичні заняття на елементи наукової роботи

Нові напрямки освітньої діяльності кафедри



Objective Structured Clinical Exam – OSCE у Великобританії включає 17 екзаменаційних станцій

На кафедрі анестезіології НМАПО проведено пілотний екзамен, за методикою OSCE на 8 станціях

ВИСНОВКИ

А.І. Тріщинський:

«Главное зажечь массы, а сгорят они сами»