

CHILD Central Asia (CA)

UEMS QUALITY ASSURANCE REPORT, Almaty – January 2023

ChildCA - Project co-funded by the Erasmus+ Program Capacity Building in the Field of Higher Education of the European Union (2019-2023)
Coordinator: Professor Gian Battista Parigi, University of Pavia

www.childca.eu :

Project Partners Final Meeting took place in Almaty, from 10th-11th January 2023.

Students/residents played an important role in the meeting, with European experts testing their knowledge and training on the first day, in order to reevaluate the strengths and weaknesses of the system.

The project focus on the development of a set of contents for post-graduate pediatric training, to harmonize the Central Asian system with the European Union standards. All the partner countries are collaborating on updating the curriculum of these 3 Central Asian countries.

Recommendations were made in order to improve healthcare; children care and reduce infant mortality.

Residents re-assessment

Report on Pediatrics

Prof. Liviana Da Dalt, President of the Board of UEMS-Section of Pediatrics

Prof. Ana Neves, examination officer of UEMS-SP, Past Vice president.

Assessors in Pediatrics, were appointed by the President of the Board and the Executive Committee of UEMS - Pediatric Section (UEMS-SP).

The diagnosis of the situation in the 3 countries Kazakhstan, Tajikistan and Uzbekistan is now as follows:

There still is a separation of 2 main Faculties in General Medicine (adults) Faculty and Pediatric Faculty.

- 1- Kazakhstan, the richest country, has 2 and half year of residency plus 1 year of subspecialty.
Residents are currently paid in this country
- 2- Tajikistan is the lower income country- Residents not only are not paid but still must pay for the specialization.
- 3- Uzbekistan is also a lower income country. Residents also must pay for the specialization

Although the 3 countries share some common problems of pre-graduate and post graduate Education and Health system organization, the economic burden for the 2 lower income countries is more difficult to overcome.

The Primary Care Pediatricians have now 1 year of tutored practice.

The hospital based Secondary Pediatric Training is now around 1-2-3 years of residency.

The Tertiary Sub specialization takes place after the 2 years and is around 12 months

Another relevant issue is that Infectious Diseases and Neonatology are not included so far in the Pediatric residency and are departments physically and clinically separated from Pediatrics.

This disturbs the diagnostic capacity of Pediatricians particularly for lack of structured diagnostic decision making of for example, a feverish child or a ill neonate, for lack of exposure with consequent dramatic lack of knowledge and skills in those so connected areas.

Re-Assessment

1- MCQ Exam

Multiple Choice Questions (MCQ) Test from the European Pediatric Exam were answered in English, between 60 and 100 min.

MCQ exam was based on 45 questions with 5 choices each, one only being correct.

The questions were the same as in the first assessment, all were reviewed and updated. The candidates were all different.

There were 6 candidates from the 3 countries.

Most of the 6 candidates had problems with the knowledge of technical medical English to understand the questions. Two of the candidates used an offline translator. All six candidates finished the exam.

Among the 6 candidates considered, 1 MD – a young pediatrician, 4 were residents (1 on the first year of residency, 2 from the second year and 1 from the 3rd year,) and 1 student of the 6th year of the Pediatric Faculty.

Two were Residents of Neonatology and all the remaining 4 were residents of Pediatrics.

One candidate, the young Pediatrician/ Neonatologist, was from Kazakhstan, 3 were from Tajikistan and 2 from Uzbekistan.

Exam results were in general low with a median score value of 42%

Only 2 residents out of 6, both from Uzbekistan, had reached the threshold >50%, ranging from 22 % to 56 %.

According to European standards, 4 were below 50%, failing the exam.

The candidates were all very interested in the discussion of the questions and pediatric training details and healthcare system organisation.

Most of them could speak and understand English but not some technical medical English.

There was a very lively discussion with the candidates, again they were quite at ease to intervene.

Some of them asked about the possibility of having a clinical experience in European countries, updating knowledge and skills.

We understood that some improvement particularly in Uzbekistan and Tajikistan at least in some hospitals, towards the payment of residents and inclusion in Pediatric training of more time of Neonatology.

Conclusions:

The performance was still very low, 4 out of 6 below 50%. Median score of 42%.

There is a great interest from residents and young Pediatricians in learning and updating.

The Pediatric training needs to be prolonged at least 1 or 2 more years including specific training in Neonatology, Pediatric Infectious Diseases and Intensive Care, during Pediatric residency.

There is an extraordinary work on Pediatric Training Program already developed by the Kazakhstan Team and with European/international approval.

The Tajikistan has also implemented the payment of residents and there are pilot post graduate residencies of 3-4 years with the inclusion of Neonatology, Infectious diseases and Emergency care in the curriculum.

Primary Care Pediatricians have now, 1 year of general training before starting untutored clinics.

So, recommendations have been followed, the seeds are giving fruits...

1) Payment for residents, being already medical doctors, is essential to be possible to increase the years of training.

2) Extend the training duration at least 12/18 months more, on the following areas:

3 months of Intensive Care Neonatology

3 months Neonatology

3 months Intensive Care

3 months Infectious Diseases

1-3 months of laboratory medicine and ultrasonography

3) International exchange of professors and residents is desirable

Candidate 1	25/45	56%	UZE	2 nd year resident
Candidate 2	10/45	22%	TAJ	2 nd year resident
Candidate 3	15/45	33%	TAJ	6 th year student
Candidate 4	22/45	49%	KAZ	Young Pediatrician
Candidate 5	15/45	33%	TAJ	1 st year resident
Candidate 6	25/45	56%	UZE	3 rd year resident

Pediatric Surgery Report

Prof. Piotr Czauderna

President of the Section and Board of Pediatric Surgery Section of the UEMS

Candidates list:

- C1 - (Uzbekistan) - score 10/50 (20%) 1st year trainee

- C2 - (Uzbekistan) - score 12/50 (24%) - 1st year trainee

- C3 - (Tajikistan) - score 13/50 (26%) - 2nd year trainee

- C4 - (Tajikistan) - score 14/50 (28%) - medical student 6th year of Faculty of Pediatrics

- C5 - (Kazakhstan) - score 13/50 (26%) - 1st year trainee

- C6 (Kazakhstan) - score 22/50 (44%) - 1st year trainee

- None of the current candidates would pass the European exam, which is in fact more complicated because it used to have 100 (and not 50 questions) and from now on it will have 150 questions. These results were worse than the previous ones from Bukhara in 2019, where MCQ part of the exam was also based on 50 questions with 5 choices each, one being right only. Although both exams had different questions, their selection was based upon European examinations in pediatric surgery. Bukhara exam results were uniformly below expectations (but significantly better than the current ones). Only 2 out of 7 trainees (one from Kazakhstan and one from Tajikistan) reached the threshold >50% and in both cases it was marginally achieved: by 2 and 3 points only. According to European standards they would fail part I exam. Median scores were as followed: 25 points for Kazakhstan, 26 - for Tajikistan and 24 - for Uzbekistan. So, in both pediatric surgery MCQ exams (the one in Bukhara in 2019 and the one in Almaty in 2023) not a single candidate would pass.
- Only 9 questions (out of 50) were associated with not a single good answer. There was not a single question, in which all candidates answered correctly. These facts indirectly prove that quality of candidates was poor.
- This might be due to the fact that candidates' selection was rather inadequate - since 4 out of 5 have just started their first year of training, while one was even a medical student! Only one candidate was in the 2nd year of training. This might have contributed to poor exam assessment due to insufficient candidates' knowledge about pediatric surgery. It also shows insufficient attention of partner universities to proper candidates' selection - in fact, they should all be in the 2nd or the 3rd (final) year of training.
- Candidates knowledge of medical English was also insufficient. Despite the use of mobile translator apps, most of them had problems with translating the questions.
- As per post MCQ exam discussion, trainees have problems with doing the surgical cases as the operating surgeon. According to them, colleagues completing the training have done under supervision of attendings not more than 40-50 easy cases (hernias, appendectomies, etc.), which is very low and in fact unacceptable number according to European UEMS standards. They mostly assist in surgical cases (daily) in large numbers (>1000 of assists during the 3-year period of training).
- Inadequate neonatal surgical training with a lack of exposure of trainees to neonatal cases is another significant concern, especially that neonatal surgery (which is the most difficult and complicated part) has adopted a different path of training (first neonatology and then 1 yr of neonatal surgery only), which in fact is shorter regarding surgical exposure than standard pediatric surgical training. That would be totally unacceptable by European standard.

Neuropediatrics Report

Prof. Tiago Proença dos Santos, MD, Neuropediatrician; Pediatrician
Hospital de Santa Maria, Lisbon, Portugal

Students' re-assessment

MCQ Exam

Multiple Choice Questions (MCQ) Test from the European Pediatric Neurology Exam were answered in English in 120 min.

MCQ part of the exam was based on 45 questions with 5 choices each, one being right only.

There were 8 candidates from the 3 countries to the Assessment

Most of the 8 candidates had problems with the knowledge of medical English to understand the questions, just two were proficient in English.

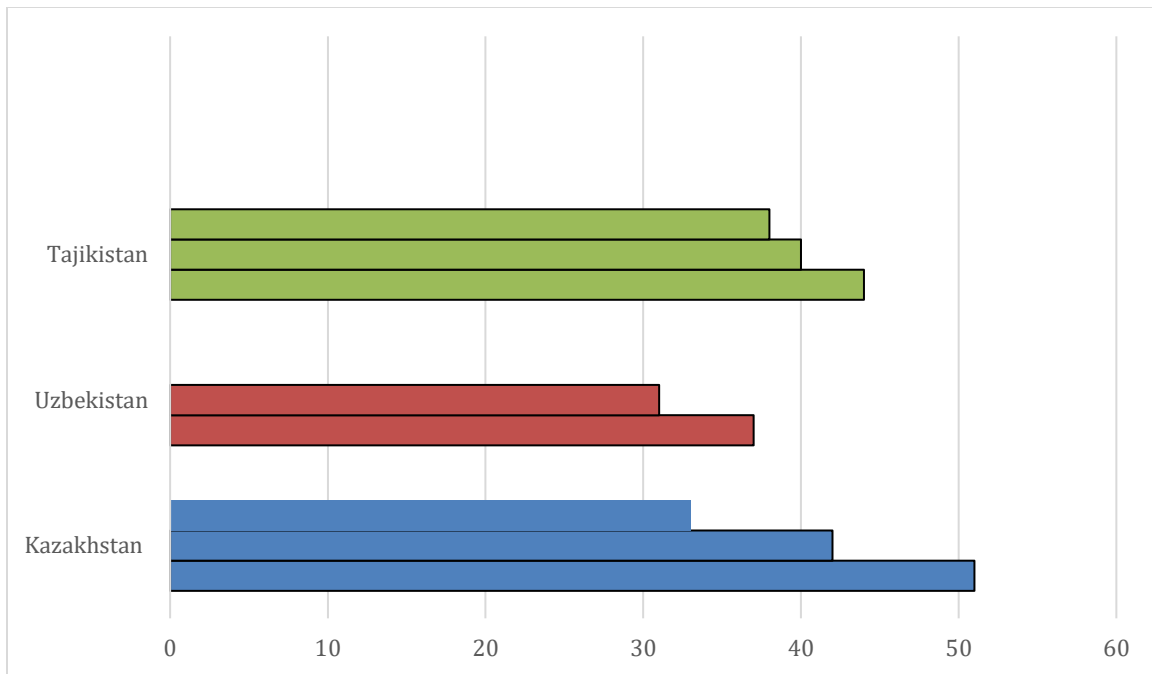
Additional oral explanations were necessary during the assessment.

It was easier than the previous experience in Bukhara, where a medical translator was present and helped several residents.

Among the candidates considered, all were residents (from the 1st year to the 4th year).

Exam results were in general low with a median value of 39,6 %

Only 1 out of 8 trainees reached the threshold >50% (23 out of 45 questions), these students were from Kazakhstan. The rest of the results have ranging from 31 to 44%.



According to European standards, 4 (67%) of them would fail the exam.

Median scores were as followed: 42% for Kazakhstan, 41% for Tajikistan and 34% for Uzbekistan.

2 - Oral discussion of the questions was done with discussion of clinical examples in video. Neuropediatric training details and health system organization was also discussed.

Only 4 of the residents, were fluent in English.
All of them were fluent in Russian.

These residents were very interested and participated actively in the discussion of the questions and clinical cases and again they were quite at ease to intervene. But they had serious problems in discuss International Guidelines on epilepsy, autism, neuromuscular disorders, strokes, etc. They also had problems in the discussion of semiological features and diagnostic investigation of the clinical examples presented for discussion. Just on Kazakhstan student had a very good performance in the discussion. Several had disorganized discussion of simple neurological diseases.

They all wanted to go for Erasmus in Western countries to improve English skills and updating knowledge and skills, accessing Medline and English written data.

There a common complain of very theoretical approach in resident years with a lack of experience in practical cases with real patients.

The lack of information was greater in genetic fields and more recent drugs, keeping treatment protocols outdated.

They have to work hard, and there are few protected moments for studying during the residency.

Conclusions:

The performance was very low, below 50%

The Kazakhs with more time, paid residency and better English, had better results, they were on the right track.

The Neuropediatric training needs to be prolonged at least 2 more years particularly in the areas of genetic, epilepsy and neuroradiology.

Recommendations

- 1) Payment for residents, being already medical doctors, is essential in order to be possible to increase the years of training.
- 2) More clinical practice during residency, with less theoretical classes
- 3) English skills improvement
- 4) Exchange of professors and residents (Erasmus Program?)
- 5) Access to English data resources like Medline; UpToDate and English reference books.