

TASHMI II Puts Primary Care Training at the Head of the Class

By Khamid Karimov, MD

The citizens of Uzbekistan witnessed radical changes in 1991, when the demands for the creation of a new sovereign state and emergence into the world community prompted reforms in all aspects of daily life. These changes have extended to medical education, especially at the Second Tashkent State Medical Institute (TASHMI II), Uzbekistan's largest teaching hospital, which is overhauling its medical education system.

Reforms in medical education were introduced at TASHMI II following the approval of a 1992 Uzbek Ministry of Health decree that encourages expansion of all clinical and classroom medical training programs in Uzbekistan to ensure that Uzbek medical certificates meet world education standards. In 1993, TASHMI II introduced a multi-level medical curriculum that expands the traditional six-year medical program to a three-tiered, nine to 11-year program that incorporates more rigorous testing of student skills and knowledge. The program begins after high school and includes:

Five years of general medical training, including general medicine and clinical training, leading to the equivalent of a bachelor's degree and work opportunities as junior physicians in primary care facilities. Candidates of a bachelor of medicine degree must pass computerized exams to continue on to the second level of medical education;

Two years of primary care training in advanced basic medical education, with work opportunities as general practitioners. Students must pass examinations in internal medicine, surgery and obstetrics/gynecology at the end of their first year to continue in this track; and

Two to four years of specialized medical training or a continuation of primary care training, depending on the student's preference, leading to a master's degree. This program resembles a US residency program, and allows the student to focus in one of the 28 specialties, from cardiology to oncology.

TASHMI II's program is one of the first in Uzbekistan to introduce advanced training in primary care--a profession that did not exist previously in Uzbekistan. In addition, we created the country's first test center for ongoing review and evaluation of medical students' skills and knowledge. With the introduction of primary care training, we hope not only to train new doctors, but also to retrain 80 percent of our practicing physicians as primary care physicians by the year 2000.

Medical Education in the Past

Uzbekistan's traditional medical education system was a very regimented, six-year program requiring that students select an area of medical specialty almost immediately upon entering medical school. One of the main drawbacks of this system was that it did not integrate primary care training into the curriculum.

Also, the system did not properly test and assess students' practical clinical knowledge and skills. Ultimately, students were not tested on their practical clinical skills competency, and many passed with insufficient knowledge and skills to treat patients.

Consequently, medical graduates were often highly specialized, yet underskilled in certain procedural and clinical skills--skills that are vital to respond to the growing needs of Uzbekistan's children, who comprise over 50 percent of the population. Moreover, polyclinics handled over 70 percent of all physician visits in Uzbekistan, but primary care services, which

include basic diagnostic services and treatment, were traditionally rendered by feldshers-- highly trained nurses similar to Western physician assistants--rather than physicians. These issues convinced us of the need to update our medical education system in order to render more economical, primary care to the citizens of Uzbekistan.

Partnership Assists Medical Training

The collaboration among medical educators at TASHMI II and US partners at the University of Illinois (Chicago) is facilitating our efforts to expand the skills of educators and ensure a more advanced cadre of health care providers. Our work began in March 1993, when a group of TASHMI II educators was trained in US teaching methodologies at the University of Illinois Department of Education and Testing. Participants studied Western teaching processes, the operations of a testing center, interactive teaching and testing models, and varying approaches for the development and monitoring of practical clinical skills--including the use of computerized educational aids, display models, audio lectures and slide presentations.

One of the more interesting aspects of western testing is the use of computer-aided programs to instruct and test students' clinical skills. These computer-aided programs challenge the view of some medical educators that increased use of medical instruments and computers greatly restrict young medical professionals' ability to apply practical, patient-oriented skills.

In 1995, TASHMI II created a new test center to administer all of the institute's medical exams. The test center adapts an American-based teaching and testing methodology that promotes the use of computers for testing. The experience of American medical colleges demonstrates the effectiveness of these instruments in training and assessing students' clinical and practical skills.

A medical education reform program cannot be successful without innovative strategies for continually improving students' knowledge and the quality of education. The creation of the testing center strengthens our medical education reforms and focus on primary care. We will continue to incorporate modern advances in teaching at our institute to improve the primary care qualifications of medical professionals and ensure the health of our future generations.

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