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Original article

Assessment of the Medical Professionalism of Young Healthcare Specialists

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Abstract

The purpose of this study *was to reach consensus among stakeholders in residency programs on items to be used to assess medical professionalism in a multi-ethnic and multi-cultural context. These elements can form the basis for a medical professionalism assessment tool within residency programs.*

Methods. *In this qualitative study, four 1½ h focus groups were conducted with the participation of 24 medical residents and 15 experts involved in the residency programs of the University of Western Kazakhstan, and the results were analyzed using thematic analysis. Focus group discussions were recorded on audio and transcribed verbatim. Thematic analysis was conducted by two independent coders using a priori framework derived from Professionalism Mini Evaluation Exercise (P-MEX).*

Results. *The results of the study confirmed the four areas of medical professionalism reflected in P-MEX: doctor-patient relationship, reflective skills, time management, and inter-professional relationship skills. Based on the data obtained, a new sub-domain "Practical Class Attendance" was introduced into the time management domain, proposed by experts to assess the professionalism of residents.*

Conclusion*. The domains of professionalism in Kazakhstan were similar to previous studies. This study allows to form professionalism in the training of young medical specialists in a multinational state.*

Keywords: *professionalism, medical education, residency, experts, assessment of medical professionalism.*

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Introduction

Addressing professionalism within the medical field has been a priority over the past while. Lack of professional conduct is the most common reason for disciplinary actions against medical practitioners, as well as the most difficult competency to assess and eliminate [1].

Many medical organizations are increasingly highlighting the challenges of medical professionalism, including the ever-changing environment of modern healthcare, which has barriers such as bureaucracy, rising consumption, and changing perceptions of the medical profession.

In 2002, a set of professional attributes was defined in the Physician's charter on Medical Professionalism, defining a professional doctor as having professional competence, being honest with patients, maintaining patients' confidentiality, maintaining appropriate relationships with patients, being able to improve quality of care, ensuring just distribution of resources, possessing scientific knowledge, being able to manage conflicts of interest and possessing professional responsibilities [2].

The charter is overseen by leaders in the American Board of Internal Medicine (ABIM) Foundation, the American College of Physicians-American Society of Internal Medicine (ACP–ASIM) Foundation, and the European Federation of Internal Medicine [2]. To date, the charter has been endorsed by 108 national and international organizations [3].

Medical professionalism has been shown to affect doctors' relationships with their patients, quality of care, and ultimately health and illness outcomes [4]. For residents undergoing training, unprofessional behavior during training led to an increased risk of disciplinary action later in their medical careers [5]. Fortunately, medical professionalism can be developed [6]. Thus, the assessment of medical professionalism in the daily practice of residents is becoming an increasingly important part of the development of their professional identity in order to provide timely feedback and early correction [7].

In our country, as in many other countries of the post-Soviet space, a lot of time was devoted to the personal and professional education of the future specialist. The elements of professionalism were taught in many disciplines, as well as outside school hours, having a "hidden" format, that is, they were not prescribed in the goals and objectives of medical education. With the implementation of numerous reforms in the field of medical education and the cooperation of medical universities with Western schools, professionalism is prescribed in all educational programs (under- and postgraduate) as a core competency that all graduates must achieve [8].

However, today, many medical education programs in Kazakhstan find it difficult to assess this competence. Postgraduate assessment of young professionals is based solely on clinical knowledge and skills, while the "flexible skills" of the professional remain outside the assessment. Today in Western medical schools there are many tools for assessing professionalism, one of the most commonly used is the Professionalism Mini Evaluation Exercise (P-MEX).

Many systematic reviews have shown that P-MEX is one of the promising tools for assessing medical professionalism [9]. Therefore, for our study, we used P-MEX with the intention of adapting this tool for use in Kazakhstan. Initially, the P-MEX was developed in Canada by R. Kruess et al [10]. P-MEX consists of 21 questions included in four domains: doctor-patient relationship, reflective skills, time management and inter-professional relationships skills.

According to the statement of the Ottawa Consensus on the Assessment of Professionalism, the assessment of professionalism differs across cultures, and therefore cross-cultural validation of the assessment tool is important [11]. For example, P-MEX has been piloted in Japan [12] and Finland [13] as well as in Singapore [14] where additional culturally relevant elements have been added.

These studies have examined the assessment of medical professionalism in various non-Western contexts, however, to date, no research has been conducted on the assessment of medical professionalism in a multi-ethnic context such as Kazakhstan. The share of the main ethnic groups according to the summary results of the 2021 census, published on September 1, 2022 [15]: Kazakhs - 70.4%, Russians - 15.5%, Uzbeks - 3.2%, Ukrainians - 2.0%, Uighurs - 1.5%, Germans - 1.2%, Tatars - 1.1%, other ethnic groups and those who did not indicate nationality - 5.1%

Previously, many authors [16-18] have emphasized the importance of cultural aspects and their influence on medical professionalism, emphasizing that the professional behavior of medical workers can potentially be influenced by shared values and social culture.

The purpose of this study was to reach consensus among stakeholders in residency programs on items to be used to assess medical professionalism in a multi-ethnic and multi-cultural context. These elements can form the basis for a medical professionalism assessment tool within residency programs.

Materials and methods

Participants for the focus groups discussion (FGD) were recruited from the West Kazakhstan Marat Ospanov Medical University (WKMOMU). WKMOMU - is one of the largest educational institutions in Western Kazakhstan with three own accredited clinics (University Medical Center, Family Medicine Clinic and Dental Clinic), where more than 5 thousand young specialists are trained in the field of higher and postgraduate medical education.

This study involved 15 experts, including 9 heads of university departments, 3 heads of clinical and diagnostic departments, 2 chief specialists of the region, 1 dean of postgraduate education.

All experts are involved in residency programs as teachers or mentors. About half of them represented family medicine, the rest worked in a wide range of disciplines (internal medicine, surgery, obstetrics and gynecology, pediatrics). The 24 residents who participated in the study had qualifications: GP - 11, therapist - 5, obstetrician-gynecologist - 3, surgeon - 2, pediatrician - 3. The average age of the residents was 26 years. Socio-demographic characteristics of FGD participants are summarized in Tables 1 and 2.

The selected experts had at least 3 years of experience in the residency program. An invitation e-mail was sent to each potential participant, outlining the study objectives and study procedures. Depending on the preferences of the expert, when agreeing to participate in the study, a paper or electronic questionnaire was provided.

Table 1 - Socio-demographic characteristics of residents (n=24)

Characteristics	Median (Range) or Number (%)
Age, median (range)	26 (23-29)
Ethnicity	
Kazakhs, n (%)	20 (83.3)
Russians, n (%)	2 (8.3)
Uighurs, n (%)	2 (8.3)
Gender, n (%)	
Female	14 (58.3)
Male	10 (41.7)
Specialty, n (%)	
Family medicine	11 (46)
Internal medicine	5 (21)
Obstetrics and gynecology	3 (12.5)
Surgery	2(8)
Pediatrics	3(12.5)

Data collection was carried out between September and October 2022. Four one and a half hour focus groups were held with each of the groups of participants. One researcher led the focus groups and two others took notes. Facilitation in each group was conducted by the same researcher with experience in conducting focus groups. Each focus group was audio recorded. Saturation of data on the main topics was achieved after the fourth focus group. Focus groups were held in Russian and Kazakh languages.

Table 2 - Socio-demographic characteristics of experts (n=15)

Characteristics	Median (Range) or Number (%)
Age, median (range)	45 (37-66)
Ethnicity	
Kazakhs, n (%)	10 (66.6)
Russians, n (%)	3 (20)
Ukrainian, n (%)	1 (6.7)
Tatar, n (%)	1 (6.7)
Gender, n (%)	
Female	10 (66.7)
Male	5 (33.3)
Years as faculty, median (range)	12 (3-40)
Disciplines, n (%)	
Family medicine	7 (46.6)
Internal medicine	5 (33.3)
Surgery	1 (6.7)
Obstetrics and gynecology	1 (6.7)
Pediatrics	1 (6.7)

Since we originally planned to adapt the P-MEX for use in Kazakhstan in our study, we developed a thematic guide with discussion questions based on P-MEX domains and sub-domains. The original P-MEX consists of 4 domains (Doctor-patient relationship skills, Reflective skills, Time management and Inter-professional relationship skills) and 21 sub-domains [10] (Table 3).

We divided each FGD into 2 parts. First, participants were asked to list topics from the P-MEX domains that they considered important to the professionalism of all physicians. They were then asked to discuss these topics in a group discussion in terms of evaluating the behavior of the professional physician in the local cultural and medical context. Participants were also asked to list any missing or irrelevant item that might be important in assessing the physician's professionalism.

Focus groups were held until data saturation was reached.

Audio recordings of FGDs were recorded verbatim. Qualitative thematic content analysis of transcribed texts was carried out using a data-driven inductive approach to encode content into topics using the MAXQDA-2022 software [19]. Qualitative rigor was performed using the Guba and Lincoln criteria (validity, tolerability, reliability, and confirmability) as a guide [20]. Consolidated criteria for reporting qualitative research have been used to guide data collection and reporting [21].

Table 3 - Professionalism Mini Evaluation Exercise (P-MEX)

Domains	Sub-domains
Doctor-patient relationship	1.Listened actively to patient 2. Showed interest in patient as a person 3. Recognized and met patient needs 4. Extended him/herself to meet patient needs 5. Ensured continuity of patient care 6. Advocated on behalf of a patient 7. Maintained appropriate boundaries
Reflective skills	1. Demonstrated awareness of limitations 2.Admitted errors/omissions 3.Solicited feedback 4.Accepted feedback 5.Maintained composure in a difficult situation
Time management	1.Was on time 2.Completed tasks in a reliable fashion 3.Was available to colleagues
Inter-professional relationship	1.Maintained appropriate appearance 2.Addressed own gaps in knowledge and skills 3.Demonstrated respect for colleagues 4.Avoided derogatory language 5.Maintained patient confidentiality 6. Used health resources appropriately

The approval of the ethical committee of the university for the study was received (protocol No. 28 dated 06/17/22). Informed consent was obtained from all participants. In addition, the information collected from the participants was used only for the purposes of this study. Transcriptions were made anonymously by assigning random numbers to the transcripts. We have excluded identifying information from citations.

Results

Elements of medical professionalism. Using the a priori framework for medical professionalism of P-MEX (Table 3), 4 domains were identified (Doctor-Patient Relationship, Reflective Skills, Time Management, and Inter-professional Relationship Skills). 21 codes were matched with P-MEX. From the data we received, one additional code emerged, which was often pointed out by experts. Subsequently, this code was combined into 22 sub-domains and 4 domains (Figure 1). Illustrative quotations for both groups (experts and residents) are presented in more detail in table 4 in the appendix.

Doctor-patient relationship. Our data correlated with all 7 original sub-domains in the doctor-patient relationship, namely listened actively to the patient, showed interest in the patient as a person, recognized and met patient needs, extended his or herself to meet patient needs, ensured continuity of patient care, advocated on behalf of a patient, maintain appropriate boundaries. However, the sub-domain "Extended his or herself to meet patient needs" was considered less relevant to both for experts and residents. They felt that it might be difficult to expand their capacity to meet the needs of the patient, as some needs might not be able to be met by the doctor. Experts and residents believed that a doctor cannot expand his capabilities indefinitely and there must be clear boundaries.

"We are trying to expand our capabilities, but patients should have clear boundaries for understanding what can and cannot be demanded from a doctor" (Resident, 25 years old, male). In the sub-domain "Advocated on behalf of a patient", the residents differed in their opinion when talking about the relationship between the doctor and the patient. Many residents indicated that they protect themselves from patients and at the same time do not receive support from the administration of the medical organization. "I would like to have practical help from lawyers and psychologists for young doctors in dealing with difficult patients" (Resident, 28 years old, male).

Reflective Skills. Our data are matched against all 5 original sub-domains from the reflective skills domain, namely: demonstrated awareness of limitations, admitted errors or omissions, solicited feedback, accepted feedback and maintained composure in a difficult situation. The "Solicited feedback" subdomain was considered by the experts to be less relevant. The faculty noted that feedback would be provided to learners at the end of the class, so it was not necessary for residents to actively solicit it. Residents also felt uncomfortable, as evidenced by the following quote: "I am not always confident when a mentor gives me feedback, because it is not always positive, so I would not actively demand it" (Resident, 25 years old, female).

Time management. Our data mapped to all 3 original time management sub-domains, namely: was on time, completed tasks in a reliable fashion, was available to colleagues. The experts explained that while respect for other people's time is important and physicians should strive to be punctual, there are circumstances in which physicians may be delayed, such as medical emergencies and difficult patients who require more time for treatment. We also found a new sub-domain "Practical class attendance". Experts have repeatedly stressed that residents quite often have problems with discipline in terms of attending practical classes, preferring to dedicate more time to clinical work. In their opinion, frequent absenteeism results in lower academic performance and lowers the overall ranking of the residency program. It is necessary to supplement this domain to assess the professional behavior of students. Residents did not initially indicate this category in their responses. However, when the facilitator asked about the problems with attendance at the practicums indicated by the mentors, the residents stated that they have a high workload that leads to stress and burnout. "We have to stay late for long working hours, and also have to deal with the unpredictability of the work schedule, because of which there are missed scheduled classes" (Resident, 31 years old, woman).

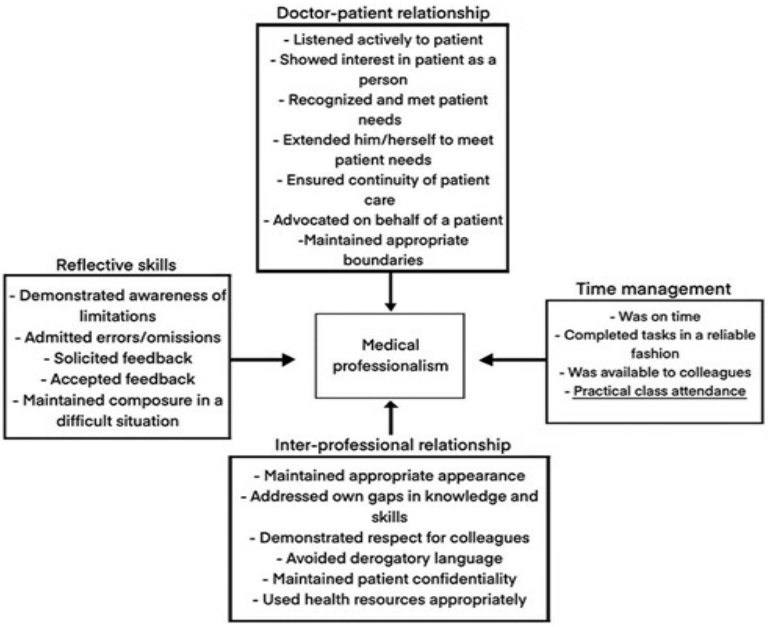

Figure 1 - Domains and subdomains of medical professionalism.
(Underlined sub-domain is the new sub-domain derived from this study)

Inter-professional relationship. Our data were matched against all 6 initial sub-domains in inter-professional relationships, namely: maintained appropriate appearance, addressed own gaps in knowledge and skills, demonstrated respect for colleagues, avoided derogatory language, maintained patient confidentiality, used health resources appropriately. Both experts and residents emphasized the importance of teamwork in medicine, where it is important to respect the contribution of each healthcare professional in patient care and cooperate with each other to ensure the best result. This can be seen from the following quote: "Without teamwork it is impossible to achieve professionalism" (Faculty, 42 years old, female). However, residents do not fully agree what is "used health resources appropriately" and that they often have to go beyond available resources. The experts explained that overuse or underuse of health care resources may be due to other reasons, such as the inexperience of residents, as well as the personal beliefs of the patient himself. Residents emphasized that often patients themselves require expensive examinations (CT, MRI, etc.) and hospitalization, although there are no indications for this.

Discussion

The results of our current study confirmed the four domains of medical professionalism obtained by the authors of P-MEX [10], namely: doctor-patient relationship skills, reflective skills, time management, and inter-professional relationship skills. In addition, 1 new sub-domain "Practical class attendance" was identified in the area of Time Management. The least relevant sub-domains selected by experts and residents were "Solicited feedback", "Extended his or herself to meet patient needs", "Used health resources appropriately".

The four domains of medical professionalism identified in this study also are similar to the components of medical professionalism as highlighted by the General Medical Council, namely "Behave according to ethical and legal principles", "Reflect, learn and teach others", "Learn and work effectively within a multi-professional team", "Protect patients and improve care" [22]. Previous qualitative research conducted in Kazakhstan identified medical knowledge and skills, the personal qualities of a doctor, the relationship between doctor and patient, between colleagues, respect for the interests of the patient as the main attributes of professionalism [23]. These attributes of professionalism can be found in the domains and sub-domains of professionalism in this study. However, the least relevant areas according to of respondents in this study (less than 1% of responses) were topics related to reflective skills, requesting feedback and appropriate use of healthcare resources [23], which also indicates the need to develop professionalism in these domains in Kazakhstan.

Our study also identified a new sub-domain not found in the original P-MEX. In the domain of "Time management" there was a sub-domain " Practical class attendance". The emergence of a new sub-domain illustrates the problems with time management in postgraduate students. Residents face many challenges while studying. In particular, in family medicine, residents, due to the shortage of general practitioners in Kazakhstan, spend a lot of working time in the workplace and face excessive demands. They have to deal with a large number of patients during their appointments as well as carry out assets at home, and as a result, they often experience stress and lack of time to complete their work. Similar problems including long hours, heavy workload, stress, sleep deprivation, fatigue, exhaustion, burnout, and work-life imbalance have been reported in many studies by other authors [24, 25, 26, 27]. However, we chose to include this subdomain in the assessment of professionalism because, for residents in training, unprofessional behavior during training led to an increased risk of disciplinary action later in their medical careers [5].

The strengths of this study include a purposeful sample to explore opinions on the assessment of medical professionalism from both residents and experts. The participants recruited for this study reflected the ethnic distribution of the Kazakh population as a whole [15]. In addition, experts and residents were represented from different disciplines. To the best of our knowledge, this is the first qualitative study of a P-MEX to assess professionalism conducted in Kazakhstan.

The limitations of this study include the limited generalizability of the results to other CIS countries, as the perception of medical professionalism depends on a different cultural context.

However, since there is little research on medical professionalism in the former CIS countries, this study lays the groundwork for future research on medical professionalism, especially in Central Asia. Second, the coding frame was based on P-MEX's domains of medical expertise. Thus, we may have missed some attributes of medical professionalism that were not included in P-MEX. However, the qualitative nature of our study provided a subtle understanding of medical professionalism in the context of medical educational institutions in Kazakhstan,

Conclusion

In conclusion, we found that doctor-patient relationship skills, reflective skills, time management skills, and inter-professional relationship skills reflect domains of medical professionalism among experts and residents. The new sub-domain "Practical class attendance" also turned out to be important for the development of medical professionalism of young specialists.

Conflict of interests. The authors have no conflict of interest.

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Appendix

Table 4 - List of domans and associated sub-domains, and illustrative quotations

Sub-domains	Experts	Relevance	Residents	Relevance
	Quotation		Quotation	
Domain: Doctor-patient relationship				
1. Listened actively to patient	"Doctors must be able to listen to the patient, using all methods of verbal and non-verbal communication". (Expert, 52 years old, female)	+	«I think that medicine has become a service activity ad people seek service when they go to the doctor. They sometimes forget how good it felt when physicians took the time and listened to them». (1-st year male resident)	+
2. Showed interest in patient as a person	"Interest in the patient lies in the implementation of the principles of patient-centered care. Addressing the patient by name, eye contact, non-verbal communication, active listening, empathy, interest in the patient". (Expert, 42 years old, female)	+	"…needs to know the patient not only as a sick person, but also to show interest in his life, to know the name of his dog, which football club he supports" (2-nd year female resident)	+
3. Recognized and met patient needs	"A constructive dialogue with the patient plus good clinical skills is the best way to meet the patient's needs". (Expert, 58 years old, female)	+	"The patient often seeks not only medical help, but also the solution of some related problems in terms of caring for relatives, receiving social assistance". (2-nd year female resident)	+
4. Extended him/ herself to meet patient needs	"Patients may need additional or more specialized medical care, such as a need for psychological or social care. If a doctor begins to study and improve in matters that were initially inaccessible to him, this indicates his professionalism". (Expert, 56 years old, female)	+/-	"…. if the patient wants to receive those methods of research and treatment that are not provided for by the recomendations, what should I do in this situation? I don't think a doctor is capable of expanding his capabilities indefinitely". (1-st year female resident) "We are trying to expand our capabilities, but patients should have clear boundaries for understanding what can and cannot be demanded from a doctor". (2-nd year male resident).	-
5. Ensured continuity of patient care	"A patient with a chronic disease must necessarily receive continuous medical care that will contribute to alleviating the burden of his disease". (Expert, 62 years old, male)	+	"We definitely have a lot of problems in this matter, as we often lose a patient after being discharged from the hospital. Polyclinic services should be more active in monitoring such patients". (1-st year female resident)	+
6. Advocated on behalf of a patient	"This refers to the patient's right to health, to timely and appropriate health care services and, of course, doctors should act as advocates for their patients in the field of ensuring this right". (Expert, 46 years old, female)	+	"If a patient is in need of disability clearance and benefits, the doctor should be aware of this and initiate this referral. However, it often happens that patients themselves violate the doctor's rights, insult him and mistrust what we should do then, because we are completely unprotected. (1-st year female resident)	+/-
7. Maintained appropriate boundaries	"Professionals must respect the boundaries of relationships not only with their colleagues, but also with patients and their relatives. You need to protect your borders and not cross someone else's". (Expert, 53 years old, female)	+	"Subordination in interprofessional relationships is very important. Doctors should also be tolerant of the religion and culture of patients and colleagues". (2-nd year female resident)	+

Table 4 - List of domans and associated sub-domains, and illustrative quotations (Continuation)

Sub-domains	Experts	Relevance	Residents	Relevance
	Quotation		Quotation	
Domain: Reflective skills				
1. Demonstrated awareness of limitations	"Physicians need to know their limitations, which also means acknowledging what they don't know. When a patient presents with a problem that is beyond the knowledge or competence of the doctor, the doctor is obliged to involve a specialist whose education, training and experience can help the patient in solving his problem". (Expert, 65 years old, female)	+	"The doctor must clearly know the area of his knowledge and duties. Trying to do something you don't understand is unprofessional" (2-nd year female resident)	+
2.Admitted errors/ omissions	"Doctors really need to be brave enough to admit their mistakes, because if you don't, you may not take corrective action". (Expert, 59 years old, male)	+	"It is almost impossible for a novice doctor to have 100% knowledge and skills, and there are mistakes that need to be recognized and prevented from happening in the future". (1-st year female resident)	+
3.Solicited feedback	"For us, this is a fairly new category for measuring professionalism, but we already give feedback to our students / residents on a daily basis, although they do not ask for it very often. This needs to be developed". (Expert, 60 years old, female)	+/-	"A young doctor needs to listen to the opinions of older colleagues, but criticism is often very demotivating and I try to avoid actively asking for feedback". (1-st year female resident)	-
4.Accepted feedback	"In the profession of a doctor, it is very important to receive feedback, learn from it and become better. The main thing is that the feedback is constructive and aimed at the growth of a specialist". (Expert, 51 years old, female)	+	"You need to be able to take feedback from a mentor/ colleague and reflect, without it there will be no progress" (1-st year female resident)	+
5.Maintained composure in a difficult situation	"Sometimes doctors have to meet difficult patients and they have to endure their bad emotions, try to build a constructive dialogue and solve the problem". (Expert, 45 years old, female)	+	"It is necessary to find a healthy line between taking the emotional stuff home and not being able to sleep and between being a misanthrope and a cold person." (2-nd year male resident)	+
Domain: Time management				
1.Was on time	"A professional tries not to be late for scheduled meetings, work". (Expert, 62 years old, female)	+	"…when someone is late and you are waiting for him, it is very disappointing" (1-st year resident)	+
2.Completed tasks in a reliable fashion	Professionalism is manifested in the proper performance of their functions, in the results of treatment and rehabilitation. (Expert, 62 years old, female)	+	"Residents, by virtue of the hierarchy, receive a lot of tasks, assessments, reports. All this must be done in the time allotted for this, which takes a lot of even personal time". (1-st year female resident)	+
3.Was available to colleagues	When we work as a team, we make sure that people do not overwork and help colleagues if they need our help. (Expert, 47 years old, male)	+	"I cannot imagine the relationship my colleague will have towards patients if he is not able to say hi to me when we meet even though he has been my classmate for the last five years. " (2nd year male resident)	+
4. Practical class attendance	Residents have problems with discipline in terms of attendance at practical classes, preferring to devote more time to clinical work. However, frequent absenteeism results in lower academic performance and lowers the program's overall ratings. (Expert, 56 years old, female)	+	Not applicable	-
Domain: Inter-professional relationship				
1. Maintained appropriate appearance	"…we must start with ourselves, be assigned to everyone: for students, for our patients, for those around us and the appropriate appearance plays an important role". (Expert, 62 years old, female)	+	"The doctor should be neat, in clean, ironed clothes, with neat hair and nails" (2nd year male resident)	+
2.Addressed own gaps in knowledge and skills	"The ability to find out the necessary information, improve your knowledge, constantly keep abreast of events is the basis of the doctor's training" (Expert, 45 years old, female).	+	"…to engage in continuous education, to try to follow guidelines, not to rest on laureates." (2nd year female resident)	+
3.Demonstrated respect for colleagues	"We must respect the opinions of other health professionals and consider whether those opinions are correct and deserve some attention. Without teamwork it is impossible to achieve professionalism". (Expert, 44 years old, male)	+	"For example, the patients can see if there are some disputes within the team and this is a sign for them that they will not receive a quality management." (2-nd year female resident)	+

Table 4 - List of domans and associated sub-domains, and illustrative quotations (Continuation)

Sub-domains	Experts	Relevance	Residents	Relevance
	Quotation		Quotation	
Domain: Inter-professional relationship				
4.Avoided derogatory language	"The doctor always needs to watch his words, whether it is communication with the patient, colleagues or students. "You can kill with a word, but you can save with a word" - words of support spoken in time can help any person". (Expert, 41 years old, female)	+	"The doctor definitely should not be rude, and even more so use profanity - this is unprofessional". (1-st year male resident)	+
5.Maintained patient confidentiality	"You have to gain confidence, that he trust you, that your knowledge is sufficient and he can put his health into your hands." (Expert, 38 years old, female)	+	"I perceive professionalism as the relationship where patient's problems stay between you and him. That you do not talk about them outside your office." (1-st year male resident)	+
6. Used health resources appropriately	"A professional doctor always knows the exact minimum amount of necessary resources (diagnostic, therapeutic) to clarify the diagnosis and conduct treatment in terms of the canons of evidence-based medicine". (Expert, 52 years old, male)	+	"I prefer to be safe and use a little more resources than be sorry, especially when something unexpected happens and we get complaints from a patient". (1-st year female resident). "I still think that the health care system made the people to perceive the health care workers as their slaves or as salesmen in the store – they expect to get some kind of drug each time they go to the doctor." (2-nd year male resident)	-

Денсаулық сақтау саласының жас мамандарының медициналық кәсібилігін бағалау

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Түйіндеме

Зерттеудің мақсаты: көпұлтты мемлекетте медициналық кәсібилікті бағалауға қатысты резидентура бағдарламасының мүдделі тараптарының көзқарастары мен тәжірибесін сипаттау.

Әдістері. Бұл сапалы зерттеуге Батыс Қазақстан университетінің 24 резиденті мен резидентура бағдарламасы бойынша 15 сарапшысы қатысты. Төрт 1,5-сағаттық фокус-топ жүргізілді және нәтижелері тақырыптық талдау арқылы талқыланды. Фокус-топтық талдау аудио дыбысқа жазылып, сөзбе-сөз транскрипцияланды. Тақырыптық талдауларды екі тәуелсіз зерттеуші кәсібилікті бағалау бойынша мини-сауалнама жаттығуынан (P-MEX) алынған алдын ала жобаны пайдалана отырып жүргізді.

Нәтижесі. Зерттеу нәтижелері P-MEX-те көрсетілетін медициналық кәсібиліктің төрт бағытын растады: дәрігер мен пациент қарым-қатынасы, рефлексиялық дағдылар, уақытты басқару және кәсіпаралық қарым-қатынас дағдылары. Алынған мәліметтерден туындаған жаңа тақырыпша «Тәжірибелік сабаққа қатысу» тайм-менеджмент саласына енгізілді және резиденттердің кәсіби деңгейін бағалау үшін сарапшылар ұсынды.

Қорытынды. Қазақстандағы медициналық кәсібиліктің анықталған тақырыптары мен қосалқы тақырыптары бұрынғы зерттеулерге ұқсас болды. Бұл зерттеу көпұлтты мемлекетте жас медициналық мамандарды даярлау жолында кәсіби шеберлікті қалыптастыруға мүмкіндік береді.

Түйін сөздер: кәсібилік, медициналық білім, резиденттер, сарапшылар, кәсіби шеберлікті бағалау.

Оценка медицинского профессионализма молодых специалистов здравоохранения

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Резюме

Цель исследования: описать взгляды и опыт стейкхолдеров программ резидентуры в отношении оценки медицинского профессионализма в многонациональном государстве.

Методы. В данном качественном исследовании были проведены четыре 1,5-часовые фокус-группы с участием 24 резидентов и 15 экспертов программ резидентуры Западно-Казахстанского университета, и результаты были проанализированы с использованием тематического анализа. Фокус групповая дискуссия была записана на аудио и расшифрована дословно. Тематический анализ был проведен двумя независимыми кодировщиками с использованием априорной схемы, полученной из опросника по мини-оценке профессионализма (P-MEX).

Результаты. Результаты исследования подтвердили четыре области медицинского профессионализма, отраженных в P-MEX: навыки взаимоотношений между врачом и пациентом, рефлексивные навыки, тайм-менеджмент и навыки межпрофессиональных отношений. Новая субтема, которая возникла из полученных данных - «Посещаемость практических занятий» была внесена в область управления временем и предложена экспертами для оценки профессионализма резидентов.

Выводы. Выявленные темы и субтемы медицинского профессионализма в Казахстане были аналогичны предыдущим исследованиям. Данное исследование позволяет сформировать профессионализм при подготовке молодых медицинских специалистов в многонациональном государстве.

Ключевые слова: профессионализм, медицинское образование, резиденты, эксперты, оценка профессионализма.