

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/276334932>

# Promissory Concept of medical education

ARTICLE · JANUARY 2015

DOI: 10.3402/jecme.v4.25135

---

READS

12

## 3 AUTHORS:



[Yuriy Voronenko](#)

Shupyk National Medical Academy Of Post...

86 PUBLICATIONS 0 CITATIONS

SEE PROFILE



[Ozar Mintser](#)

Shupyk National Medical Academy Of Post...

765 PUBLICATIONS 13 CITATIONS

SEE PROFILE



[Dmytro D. Ivanov](#)

Shupyk National Medical Academy Of Post...

7 PUBLICATIONS 1 CITATION

SEE PROFILE

## ORIGINAL RESEARCH ARTICLE

# Promissory Concept of medical education

Yuriy V. Voronenko, Ozar P. Mintser and Dmytro D. Ivanov

Shupyk National Medical Academy of  
Postgraduate Education, Kiev, Ukraine

### Abstract

Continuing medical education (CME) is a dynamic system, where distance learning is an important component. In this article, we posit the Promissory Concept of distance learning. The central principle upon which this methodology is based is that the doctor can be located in any place where the information needed for his or her practice is easily available to the patient and where the doctor is able to monitor the development of his or her knowledge and practical skills, and is able to build his or her educational record of accomplishment. The Promissory Concept combines the availability of existing online opportunities with professional self-development which can be put to the test by an external supervisor (a professor or curator), who in turn will be able to identify existing advantages in knowledge, as well as those requiring further improvement, thus helping the learner's professional development. This approach was introduced to general practitioners and nephrologists practising in Ukraine in 2013. From 2014, the Promissory Concept has been associated with the Renal Eastern Europe Nephrology Academy's (REENA) annual CME course, which has been accredited by ERA-EDTA (European Renal Association–European Dialysis and Transplant Association) for the past 8 years. REENA is controlled by the state organisation of postgraduate education – *Shupyk National Medical Academy of Postgraduate Education*. The Promissory Concept is supported by printed educational material in the scientific medical Ukrainian journal *Kidneys*, which is registered in scientific databases (as a Google scholar, etc.). An important characteristic of the Promissory Concept is the active involvement of doctors, who give constructive feedback on the programme. This feedback contributes to the content of the CME learning activity, as well as enhancing compliance in participation. As a result, it helps create motivated adherence and improved professional development.

**Keywords:** CME, Promissory Concept, distance learning, education styles, educational monitoring

### Introduction

Continuing medical education (CME) is a major interest of the organisers of the study. The *Journal of European CME* has attempted to bring together varying points of views and form a conceptual policy in CME. It has presented interesting educational models in different countries. A study from Finland has described the “The Taitoni-platform” which is a personal web tool designed to manage and support physicians through both formal and informal education activities.<sup>1</sup> Weisshardt and colleagues defined three main aspects of under- and postgraduate education and CME in 12 European countries as (1) terminology, (2) CME systems and (3) medical education pathways.<sup>2</sup>

**Correspondence:** Dmytro D. Ivanov, Department of Nephrology and RRT, Shupyk National Medical Academy of Postgraduate Education, 9 Dorogoytskay, Kiev 01112, Ukraine, E-mail: ivanovdd@i.kiev.ua

#### History

Received: 7 June 2014

Accepted: 21 December 2014

Published online: 29 January 2015

In our opinion, distance learning has a part to play in two educational areas. The first concerns professional skills, and the second includes psychological factors. In both of these, it is important that doctors should choose their own preferred educational modality and distance learning gives them that opportunity.

### Learning methodology and objectives

Distance learning is a process of transfer and assimilation of knowledge, skills and types of human cognitive activity that occurs in a specialised education environment based on modern psychological, pedagogical and ICT technologies. The use of printed information resources as an educational tool for distance learning has now almost lost its relevance having been replaced by the more dynamic and operational Internet technology. Therefore, there was a need for the development and implementation of new information and communication technologies for distance learning to comply with our recommended Promissory Concept. The Department of Informatics in collaboration with the Department of Nephrology and Renal Replacement Therapy of Shupyk National Medical Academy of Postgraduate Education (Kiev, Ukraine) developed and implemented a pilot project whose main goal was to provide opportunities for acquiring knowledge and skills.

The Promissory Concept of CME is defined by eight key components:

1. The medical doctor who is the centre of the educational system.
2. Comprehensive teaching materials (development of corporate education network).
3. Technology for “on the job training.” The workplace refers to any spot, where the learner has the opportunity to gain knowledge – at work, at home, on vacation.
4. Continuous monitoring of knowledge and practical skills to facilitate the correct interpretation of knowledge by learners.
5. Self-directed learning.
6. Efficient acquisition of information.
7. The creation of a doctor's portfolio.
8. Scientific and methodological support provided by the Nephrology Department, and the Department of Medical Informatics.

Organisational support is provided with the following algorithm actions.

1. Defining the type of learning including educational material.
2. After registration with *Shupyk National Medical Academy of Postgraduate Education*, the creation of a personal database or portfolio and questions for the initial knowledge assessment along with 15 multiple choice questions.

3. Education can be offline and online, answers to questions – online. If necessary, the doctor may ask for help from a teacher (professor) in either offline or online consultation.
4. Seminars are considered complete after a minimum of 90% correct answers are provided.
5. After seminars, points based on the number of correct answers are awarded to the doctors who may print corresponding certificates.
6. Doctors may choose independently a supervising professor or curator who helps to assess their knowledge. In addition to professional education, the curator has a social focus for further development of interpersonal skills.

The study provides administrative managers, scholars, educators (teachers, curators, authors of materials), and technical staff. The head of the institution approves qualifications and duties of experts. Quality of distance learning is assured by systematic update of seminar materials, and training of scientific and pedagogical staff. Systematic analysis of portfolio contents, learning optimisation, and creating feedback is part of this process. The feedback from doctors has helped to adapt the content of the CME learning activity, as well as enhancing compliance in participation.

As a result, we have obtained improvement of professional development, demonstrated at the final examination. When the Promissory Concept of medical education was tested in 2014 in the Shupyk National Medical Academy of Postgraduate Education, 47 doctors had completed the learning experience. Practical skills and theoretical knowledge increased by 26% in comparison with 2013.

The Department of Nephrology and *Shupyk National Medical Academy of Postgraduate Education* have developed seminars, which are published regularly in the Ukrainian medical journal *Kidneys*. The Department of Informatics has posted materials and seminars on the web portal of *Shupyk National Medical Academy of Postgraduate Education* and provided free access to doctors.

### Discussion

The Promissory Concept system allows the combination of the known advantages of distance learning with a professor control, who acts as the curator of the learner, who himself or herself chooses the appropriate curator. Assessment of learning and professor analysis allows the doctor to identify his or her level of professional skills. The present approach can be integrated into CME courses officially accredited by European Renal Association–European Dialysis and Transplant Association (ERA-EDTA). Such courses include the CME Budapest Nephrology School (20 years), the Renal Failure Academy (11 years in Romania) and Renal Eastern Europe Nephrology Academy (REENA) (7 years in Ukraine) or new projects, for example,

the Lupus Academy.<sup>3</sup> We have taken account of existing world experience in this direction. Comprehensive analysis of training systems in Europe and America is valuable.<sup>4,5</sup> Schaffer and Weisshardt concluded that knowledge of the different models in European countries (including underlying structures, roles and responsibilities) may be crucial for providers of medical education and medical societies when delivering international educational programmes for their members.<sup>4</sup> An important aspect is the independence of CME from industry, postulated by Kopelow.<sup>5</sup> We are going to integrate our concept with the REENA annual CME course, accredited by the ERA-EDTA. There seems to be considerable interest from doctors to participate in this model.

### Declaration of interest

The authors disclose that they have no financial conflicts of interest.

### References

1. Patja K, Litmanen T, Salokekilä P, Hemminki A. Developing electronic tools for continuing professional development for Finnish physicians: a usability study in a primary health care setting. *J Eur CME* 2012;1:22592, doi: <http://dx.doi.org/10.3402/jecme.v1i0.22592>
2. Weisshardt I, Stapff I, Schaffer M. Increased understanding of medical education pathways in Europe as a potential quality factor in CME – a comprehensive assessment of the current landscape. *J Eur CME* 2012;1:22595, doi: <http://dx.doi.org/10.3402/jecme.v1i0.22595>
3. Ball J, Cervera R, Elzebroek N, Levy R, Pozniak E, Lupus Academy Consortium. Developing an appropriately supported CME-accredited programme in Europe. *J Eur CME* 2013;2:22651, doi: <http://dx.doi.org/10.3402/jecme.v2i0.22651>
4. Schaffer M, Weisshardt I. Beyond accreditation systems – the identification of different implementation models for CME across Europe. *J Eur CME* 2013;2:22602, doi: <http://dx.doi.org/10.3402/jecme.v2i0.22602>
5. Kopelow M. First letter from America. *J Eur CME* 2014;3:23753, doi: <http://dx.doi.org/10.3402/jecme.v3.23753>