IPP Technical Evaluation

US Partner(s): University of Rochester, School of Medicine and Dentistry (UR)

NIS Partner(s): International Biomedical Agency (IBA), Ekaterinburg
Ural State Medical Academy (USMA), Ekaterinburg
Chelyabinsk State Medical Academy (CSMA), Chelyabinsk
Kazan State Medical Academy (KSMA), Kazan

Locations of Visit: Ekaterinburg and Chelyabinsk, Russia

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Report Date: January l997

Background

The University of Rochester partnered with three medical universities in Russia, i.e., Ural State Medical Academy, Chelyabinsk State Medical Academy, and Kazan Medical Academy, and two medical universities in Ukraine, i.e., National Medical University and Dnipropetrovsk State Medical Academy. The overall objective was to initiate pilot reforms within the partnership schools in hopes these reforms would be a strong stimulus for larger reforms in Russia's and Ukraine's medical education system. A common thread among a majority of the partner schools is that until the late l980s most of them were considered closed institutions located in closed cities, i.e., cities housing the USSR's military industry. Seizing upon the opportunity to learn about the world around them, these partner schools eagerly embraced the partnership concept and engaged in partnership activities. An evaluation of the partnership's activities follows.

A. Discuss the Strongest Aspects of the Technical/Professional Work Being Done By this Partnership.

A majority of partner activities occurred during the past eighteen months. The strongest aspects of the partnership's technical and professional work follow.

Early in the project, the UR partnership participants (1) met with officials from the Russian Ministry of Health to detail the partnership project and its goals and to solicit support for the partnership's reform initiatives and (2) invited Ministry of Health Representatives to partnership-initiated activities.

The philosophy underlying the US partners' work has been joint collaboration with the Russian partners, not a "whole-sale export of US methods and technology," but rather the adaptation of those US methods and techniques that best fit into the Russian medical system. After orienting the Russian partners to the US medical education system, the partners jointly selected programs

realistic for adoption by the medical education system in Russia, i.e., Integrated Exam for Medical Education and the Implementation of Innovative Teaching Methodologies. Thereafter, partnership activities concentrated on developing Russian experts who could pilot the reforms and lead out nationally in the medical education reform movement.

The University of Rochester brought other key players such as SUNY-Brooklyn and the National Board of Medical Examiners into the partnership relationship thus making the accomplishment of the pilot reforms more of a reality.

Reform activities introduced by UR partnership participants were research-based and included on-going evaluation. This information will provide essential data for future partnerships.

Partnership activities in Russia and the US have emphasized theory and practical application. To illustrate, faculty and resident rotating to Russian partnership schools spoke about ward teams, then implemented pilot ward teams at all three schools.

Russian partner participants freely express the global benefits of the partnership. To illustrate, a Rector said, "We can definitely increased the quality of our medical education with the techniques shown us by our American colleagues. We are implementing some of these techniques now such as better integration of course content with practice." Another Rector commented that "Going to Rochester changed my life. Now, I know how Russia needs to break through to the Western World's method of teaching so that it can have a serious medical program. We gained resources, colleagueship, test control methodologies, and hospital teams." A faculty member expressed, "My eyes have been opened to a new world of medical education." An IBA staff member evaluated, "One cannot measure the value of educational change short-term. Maybe later as we have a stagnant medical education system in Russia." A returning clerk said, "In the US, I saw the whole patient, now, I think different and deeply. I look at the whole complex of symptoms. I look at the whole patient. I have more confidence in my ability to practice and teach medicine."

Russian partners have implemented reforms within their institutions, i.e., the ward team concept and standardized testing for medical students. The enthusiasm of the Russian partners is high, but they realize for the pilot reforms to continue, it is essential department heads and administrators of the medical universities (federally funded), participating clinical sites (city funded) and the Ministry of Health support the reforms with determined actions and finances.

Russian partner participants express the most enthusiasm for the Standardized Assessment Reform. Reasons for their high interest may be because activities have been on-going, building step by step. A strong camaraderie has developed among the participants from the three partner schools as they have written over 400 sample test questions, prepared for pilot examinations in their institutions, and submitted a letter to the Russian Minister of Health about the need for standardized testing in Russia's medical education system.

The clerkship program has been strategically designed to give Russian participants a (1) "real-life" experience in US medical education and (2) an experience that can benefit them personally and facilitate their ascent as reformers in Russia. A strength in the experience was that clerks were

selected not by favoritism, which has been a hallmark of the communistic system, but rather because of their competence in English and medical skills. The clerks participated as US students and with the same expectations as US students in the three month clerkship. Also, clerks in consultation with their Russian faculty supervisors identified a research topic to study while in the US The intent of the research topic was to benefit the clinical and research skills of the students and the Russian institution. Upon return to Russia, the clerk presented his /her research work to colleagues and faculty at his/her Russian institution. In some cases, the clerks received media coverage for their research work.

Early in the project more magisters and junior faculty were included in the partner exchange program. This move strategically strengthened the potential for reform at the partner schools because (1) magisters and especially junior faculty work more closely with medical students and (2) these young doctors will be faculty in the future.

Russian participants have created opportunities to inform colleagues within their institutions and in Russia about the US medical education system and the pilot reforms occurring at their institutions.

Russian partners, sometimes with tears in their eyes and quivering voices, express the colleagueship they feel with their US partners. One of the most memorable meetings, a meeting with a leader in the Standardized Assessment Project, subtly revealed the depth of his commitment to the partnership goals and his friendship to US partner colleagues. As was spoke about the impact of the project on his professional life, he, in a split, very emotional second, showed in his teary eyes what difference it made for him and his goals for medical education in Russia. It is crystal clear that further support of the partnership project would build on this kind of colleagueship and result in more definable and sustainable reforms in the Russia's medical education system.

Discuss the Weakest Aspects of the Technical/Professional Work Being Done By this Partnership.

Complicated by the differences in cultures, time, and orientation to change, several weaknesses in the partnership emerged. The weakest aspects of the technical/professional work are illustrated below.

Russian partners have little contact with Ukrainian partners even though they are working on the same medical reforms and have the same US partners. Most of the contact between the Russian and Ukrainian partners has occurred during conferences in the US Otherwise, the reforms are occurring in isolation in the two countries. To illustrate, active collaboration between all the partners could have facilitated the test writing element in the standardized testing reform.

Most of the reform activities have been limited to the field of internal medicine. Faculty from other clinical disciplines and the basic sciences indicate they want more involvement in the

partnership activities and in the reforms and therefore, must be included in the partnership activities.

The IBA in Russia has serves as the point of contact for partnership activities in Russia, but it is questionable how extensively they have worked with the administrators and faculty of the partner schools and the Russian Ministry of Health. To illustrate, (1) some of the partnership plans have been developed by the IBA and the UR at the exclusion of the partner schools and (2) during visits to the Russian partner schools little mention was made of the IBA.

Partnership activities focused on global issues, global teaching methods, and global reforms. Administrators and faculty voiced their need to have sessions focusing on the application of the global concepts into their specific role or discipline. To illustrate, administrators of the Russian schools wish they had closer relationships with administrators of US medical schools so they could be better guided in the issues, the solutions and the implementation of reforms in the medical schools. Faculty of the Russian schools expressed their need to have more individual teaching time with their US colleagues so they would be better prepared to implement the teaching, evaluation and follow-up activities necessary for reform to occur and to go from the pilot stage to an accepted standard.

Reforms in medical education could have begun initially looking at the standards in education, then followed with (1) the integration of medical education to accomplish the standards and (2) the development of exams based on the standards. As it stands now, the teaching approach has not changed, but the students are being tested with the standardized tests that have changed as a result of the reform movement.

Decisions about partnership activities could have included more input from partner schools rather than being made by IBA Directors in Russia, Project Coordinators in the US, and Site Coordinators in the Russian partnership schools. These individuals have clout in their present positions, but limited linkages and influence in the pilot schools, especially for making reforms.

Partners have a clear consensus on the project's end-products, yet absent is a well-coordinated, detailed, step by step plan how to achieve these products. US faculty coming to the Russian partner schools nearly all tried the same things. Their work might have been more effective if the steps in implementing the reforms sequentially built upon the work of US colleagues who preceded them. Maybe, if fewer schools had been involved in partnership with the UR, and if IBA representatives had been given more authority this could have occurred.

For curricular changes, the UR should have focused more of its efforts on a designated core of individuals, maybe a specific department at the medical school, who could have worked together as a team in spearheading the pilot reform activities. Such a team would include the professor, assistant/junior faculty, head doctor, doctor, internists, residents and medical students, especially of the fifth and sixth years.

While the standardized assessment project included participants from all the partnership schools, there has not been enough attention given to forming a core of testing experts in Russia. Two or

three individuals from Russia should have been given additional education in testing methods, psychometric measures, computerization of testing processes, interpretation of test results, implication of test results for faculty, and the formation of policy decisions.

Participants in the partnerships activities, especially clerks and magisters were, not given courses on change, change techniques, and general strategies for marketing educational reforms.

The involvement of clerks and magisters (who participated in the exchange program) is important to the project goal of enhancing medical education reforms, but there is no guarantee and little evidence that they will be given opportunities to become faculty or to implement what they learned in rotations upon their return to the US.

Partnership activities have focused on short-term rather than long-term goals. Thus far, long-term collaborative educational and research projects have not been established.

Recommendations for Improvement

B. What do the Russian or Ukrainian Partners see as the "Criteria for Success" for Their Partnership Project Activities? How Close are They to Attaining Them?

The "Criteria for Success of Partnership Project Activities" were two-fold: (1) to learn about the world standard of medical education and (2) to implement reforms bringing the Russian medical education system closer to the world standard of medical education. The Russian and US partners drafted three anticipated outcomes resulting from their partnership. The achievements in each outcome, as revised on August 12, l996, are reviewed.

<u>Outcome One: Development of a cadre of physicians in faculty positions to enhance medical education at Russian partnership medical universities.</u>

During the past year an active exchange program between physicians in faculty positions at US and Russian partner universities has occurred. During visitations to Russia, US faculty members (1) lectured on topics such as the US medical education system, teaching methods in medical education and special clinical topics; (2) established experimental ward teams, and (3) worked individually with faculty and magisters in their areas of expertise. Administrators, faculty and students at Russian partner schools and their affiliated clinical sites participated in these activities.

While visiting the US, Russian physicians participated in classes, clinical sessions, individual meetings with American colleagues and in conferences on the US medical system, teaching methods, and standardized testing. Engaged in this type of exchange were faculty and administrators from all the Russian partner schools.

Future faculty members in Russian medical schools, now sixth year medical students or magisters at the Russian partner schools, participated in clerkships at either the University of Rochester or the State University of New York - Brooklyn. During the clerkship students were included in

clinical rotations with US medical students so they could experience the US medical educational system. Upon returning to Russia, the students/magisters share formally and informally about their experience in the US. Some of them have given positions of leadership within the pilot ward teams. The value of the clerkship as a stimulus for reform is questionable as the students are not given favored treatment over their Russian student colleagues who did not have the clerkship opportunity. Also, it remains to be seen if these students will be given the opportunity to be faculty members in the future.

In sum, the Russian partners speak very highly of their U.R. partner's work. Also, the quality and worth of programs presented by the American colleagues was rated very high by the Russians. The activities, however, were rated, universally, as "just the beginning of what is hoped a long-term relationship."

Outcome Two: Development of the capacity for innovative teaching through up-to date educational materials leading to curriculum enhancement.

The UR strategically built its base for "development of the capacity for innovative teaching" on (1) two core conferences and the educational materials resulting from these conference, The Innovations in Medical Education Conference held at UR, February/March l996, and a follow-up conference held in Ekaterinburg in May l996, (2) exchanges of faculty between countries to participate in activities leading to curriculum enhancement, and (3) the development of a comprehensive Resource Center in Ekaterinburg that holds a large collection of medical books, audio-visual resources, and electronic materials.

Two inter-related reforms in the area of "innovative teaching" are planned as a result of the partnership. First, faculty at CMSA want to integrate basic science and clinical courses in the early years of medical education by introducing an adapted version of the IHHI course. Second, ward teams, in Internal Medicine Departments, are being established at both partner schools visited by. All participants in the pilot ward teams are enthusiastic about its potential for changing medical education. The ward team concept, however, is difficult to implement because (1) large numbers of medical students make the small group approach to teaching unrealistic, (2) magisters do not have the clinical and teaching skills necessary to lead a ward team nor do they have the authority in the traditional Russian medical education system to take responsibility for student education, (3) a limited number of clinical practice hours per week in the traditional Russian medical program means there are not enough hours to implement ward teams, (4) travel distances between clinical sites and the university classrooms does not allow adequate time for ward teams, and (5) faculty and residents' motivation, overall, is low, because they have not been paid their salaries for six to eight months.

In sum, curriculum enhancements initiated during the partnership are proceeding slowly and steadily. Disseminating results of the pilot projects could positively enforce and extend the work of curricular reform in Russia's medical education system.

Outcome Three: Establishment of a resource center and development of standardized assessments.

Both criteria identified in outcome three have been realized. In l995, a Resource Center was established in Ekaterinburg by the IBA. While the Center exists to be a resource for all partner schools, its primary clientele consists of individuals from Ekaterinburg. The Center's resources include English language medical textbooks, journals (a limited number), clinical computer programs, and Med-Line by CD-ROM only. While the Center serves a focal resource for continued medical reform activity in the region, its future is questionable after the grant period. Presently, little provision has been made to ensure the short or long-term future of the Center.

The development of Standardized Assessments stands as the most successful of the reforms initiated by the partnership. In April l996, the National Board of Medical Examiners conducted a Standardized Assessment Workshops in Philadelphia for Russian and Ukrainian partner participants. Two additional workshops on standardized assessment, held in Ekaterinburg during June and September l996, concentrated on broadening the knowledge base for the initiative by including faculty from internal medicine departments of the Russian partnership schools.

Faculty participating in either of the conferences were asked to write test items for an internal medicine standardized examination stressing application of knowledge rather than random recall of isolated facts. Over 400 test items were received from the faculty participants. A pilot test in internal medicine will be administered in the Spring of l997 to sixth year medical students from the Russian partnership schools. After the pilot test is analyzed in the US by experts from the National Board of Medical Examiners and the University of Rochester, they will be presented at the final partnership conference (for Russian, Ukrainian, and US partners) scheduled in Ukraine after May l997.

Faculty involved in the pilot testing process indicate much enthusiasm for the project, but regret the results cannot be used for internal evaluations of their students until permission is granted by the Rectors of the medical schools. Fortunately, the Rectors of Russian partner schools have participated in partnership-sponsored conferences. Hopefully, this will hasten medical education reforms within their institutions.

In December l996, the Russian Ministry of Health indicated it would send one of its key staff to Ekaterinburg to visit with leaders of the Standardized Assessment project. Of course, partners are hopeful this meetings will actually materialize and subsequently, the Ministry will more strongly advocate for measure needed to implement the standardized testing process for Russia.

Participants from each of the Russian partner schools are working with the Regional Health Department in their respective oblasts (1) to recognize the exam at partner schools and (2) to create a regional Center for Testing Excellence at partner schools. The Center would provide continuing education for medical school faculty in accordance with Russia's continuing education mandates. Partner participants view this as another way to spread the word about standardized assessment.

C. (1) Describe the Technical Merit/Appropriateness of Training and Provide Recommendations.

Training components of the partnership that are evaluated include the Innovations in Medical Education Conferences, the Curriculum Development Conference, the NBME/Standardized Assessment Workshops, and the Exchanges to the US.

Innovations in Medical Education Conferences

Held at the University of Rochester during February and December l996, these conferences focused on the integrated curricula and teaching approaches commonly used by US medical schools. The driving force behind the conferences was to increase the capacity of Russian faculty for initiating reforms within their medical schools. Topics included principles and methods to integrate basic and clinical sciences and the use of teaching approaches such as case studies, multi-stations, and ward rounds. In addition to lectures, participants attended IHHI demonstrations, ward teams, and meetings with medical students and faculty. Russian partners reported over and over again, the conference sessions were intense and interesting, but most of all, they were amazed at what they witnessed during the actual class and clinical sessions. These observational sessions gave them the largest vision for reform in their own schools.

Strengths of the conferences include:

-conference content and learning experiences were consistent with the partnerships anticipated project outcomes.

-a carefully planned orientation to the US medical education system and to those aspects of medical education that could readily be implemented in the Russian system.

-the combination of theory and practical observation as part of the conference curriculum.

Weaknesses of the conferences include:

-lack of time for faculty and administrators to develop collegial, on-going bonds with individuals of their rank, especially this was critical for administrators.

-the need for more time to participate in the practical application of concepts presented in lectures.

Curriculum Development Conference

Held May l996 in Ekaterinburg, this conference served as a follow-up to the Innovations in Medical Education Conference (held February l996 at the UR) (1) to facilitate faculty-driven changes in teaching methodologies, (2) to expose more faculty to the new teaching concepts, (3) to introduce the concepts of ward teams and integrated learning and determine how they could be

adapted for the Russian medical education system, and (5) to collaborate on pilot reform projects initiated at partner schools.

Strengths of the conference include:

-a reinforcement of the concepts presented at the Innovations in Medical Education Conference.

-an orientation to the concepts essential for reform to a larger audience at the partner schools.

-lectures followed by actual demonstrations of the concepts within the Russian partner schools.

-the conference include much time for Russian participants to (1) react to the lectures of US experts, to (2) identify the teaching reforms that could realistically be introduced into the partnership school and (3) to plan for the implementation and pilot testing of these reforms.

Weaknesses of the conference include:

-lack of concrete steps to assist Russian partners in implementing the concepts presented.

-minimal follow-up consultation by the US partners on the implementation of the concepts presented.

NBME/Standardized Assessment Workshops

Standardized Assessment was introduced and implemented during a series of training sessions. The first session conducted April l996 in Philadelphia by the National Board of Medical Examiners (1) acquainted key faculty members from partner schools about the concept of standardized testing and (2) taught them how to write questions for the pilot exams at the partner schools. Two months and again five months later, workshops conducted in Ekaterinburg focused on presenting the same content to larger groups of faculty representing each of the partner schools. Prior to these workshops, Russian faculty tried writing integrated tests, but because they had no theoretical and methodological background, their tests were only clinical in nature, having no integration with the basic sciences.

Strengths of the workshops include:

-appropriate content and teaching methods resulting in participants writing test questions and preparing to administer the pilot tests.

-the power of the message arousing faculty to re-examine the testing methods traditionally used in Russia's medical education system.

-the conferences continued to attract new participants who are willing to get involved in the standardized assessment project.

-the individuals who have received the most training in testing during the partnership program are now serving as consultants and trainers during the standardized assessment workshops.

-the tangible products resulting from the workshops, i.e., test questions and pilot testing projects.

-the camaraderie and motivation of faculty from the partner schools to make this reform succeed.

Weaknesses of the workshops include:

-the lack of printed textbooks in Russian to compliment the material presented at the workshops.

-the lack of contact with Russian partners engaged in a similar standardized assessment project.

-the need for more practical information on analysis, interpretation and policy development in the standardized assessment process.

Recommendations to enhance the workshops include:

Time must be given for administrators and faculty from the Russian partner schools to develop collegial, on-going relationships with individuals of their rank in the US.

The practical implication of concepts presented in lectures and the steps for implementation of these reform concepts must be emphasized during conferences, exchanges to Russia, and in written materials.

The Russian and Ukrainian partners should have collaborated more on common projects, especially the standardized assessment project.

More materials in the Russian language should have been used as supplements to the conferences and its related activities.

Overall, Russian partners uniformly commented on the intensiveness, but the high quality of workshops conducted by US partners. Their eyes were opened to a variety of reforms that could enhance the standards of medical education and practice in Russia.

Exchanges to the US

Two levels of exchanges to the US occurred in the partnership. First, exchanges involved Russian administrators and faculty who participated in conferences. The inclusion of administrators and faculty in clinical exchanges holds much merit as these individuals hold the keys of power to actually implement reforms.

Second, the most prominent exchange program was for Russian students who entered clerkships at either the University of Rochester or the State University of New York-Brooklyn. Several cycles of exchanges beginning over one year ago and continuing into l997 have formed the

essence of this partnership activity. Early in the project, partners wisely agreed to include magisters, the American equivalent of a resident, in the exchange program.

Strengths of the exchange program include:

-bringing magisters into the exchange program as they have the potential to strengthen the reforms implemented at the Russian partner schools. Already, several of the returning participants are working with ward team projects.

-the selection of participants was based on medical knowledge, English language ability, and interpersonal skills.

-participants received an orientation packet, a copy of the Clinicians' Pocket Reference and materials about the American System of medical education before arriving in the US.

-participants in cooperation with Russian faculty members designed individual projects for them to accomplish during the exchange. Benefits of the project were for the participant, the faculty, the department, and the Russian partnership school. With these projects the potential exists for on-going, collaborative and scholarly activities between partner schools.

-orientation in the US included points essential to the professional success of the participants, i.e., patient examination procedures, patient history taking methods, teaching methods used in the American educational system, tours of medical centers and libraries, e-mail lessons, introductions to faculty supervisors and discussions about their individual projects with partnership staff.

-participants were treated as American students during the rotation.

-returning participants give the clerkship program high marks.

-upon return to Russia, participants share their experiences with colleagues and faculty members through official presentations, informal lectures to students, and through school and city-wide newspapers.

-all returning clerks have entered magister programs in their home universities. All of them use the Resource Center and continue to participate in project activities, often providing such essential services as interpreting lectures and written materials.

-participants return with high aspirations for medical practice in traditional or private practices. The comments of one of the returning clerks reflect the ambitions of the returning clerks, "I want to set up a geriatrics program at the VA. You see we have never had geriatrics programs in my country. People don't understand my idea. I am not going to give up! The trip was a breakthrough in my life. I try to pretend I am in the US. I try to involve people in discussions. People are interested. They ask me to read English literature for them and I do."

Weaknesses of the exchange program include:

-lack of an official agreement between US and Russian partners on the roles and obligations of clerks and magisters upon their return to the partnership school, especially their role in the experimental programs at the partner schools.

-participants did not have classes in change theory and in methods to encourage reform in Russia for participants. For example, a returning magister stated he had no idea how to formally present the ward concept even though his supervisor has requested written information.

-the program of study for magister and clerk participants was the same. For magisters to be effective catalysts in the pilot reform projects, they should have had additional classes in teaching and evaluation.

-more information should be given to participants before their arrival in the US. Participants claim they could have acclimated better to the exchange experience if they had information on (1) common laboratory procedures/findings, (2) common pharmaceuticals, their intent and side effects, (3) the focus of their clerkship rotation so they could read clinical books in the designated area, (4) the ward team concept, (5) the hierarchy of faculty, interns, and residents and their role in teaching medical students in America, and (6) the medical education program at their clerkship site.

-recently returning participants are having difficulty adjusting to their home environment.

-participants expressed frustration on accomplishing their individual projects during the exchange experience.

-an insufficient core of individuals were oriented to the reforms. If a core of individuals in a designated department were oriented to the reforms and submerged in the reform process, more sustainable reform projects would have resulted.

-Russian administrators stated they wanted more one-to-one contact with their American counterparts. Administrative participants saw the US medical system in action, but the administrative aspects for implementing or managing such a system were not covered.

-while the clerkship and resident exchange promotes colleagueship between the US and Russia, its value in short and long-term reform of Russia's medical education system is questionable. Most of the returning participants acknowledge that their lives have changed, their vision for medical practice has changed, and their goals have changed, but most of them express interest in returning to the US for a residency, most of them are studying for the USMLE, and all of them express great frustration about what they can really do in Russia with this new experience. One of the returning clerks expressed it this way, "It is unbelievably hard to work here. People do not understand me."

Recommendations for enhancing the exchange program follow.

Before the exchange program was implemented, partners should have detailed in a Memorandum of Understanding the precise roles and obligations of the returning clerks and magisters to the partnership program and to the Russian partner schools. Included within this document should be the Russian partner's employment options for the clerk/magister after the partnership period.

Exchange participants must be involved in classes on change theory, techniques for making changes, and global strategies for advancing reforms in Russia.

For magisters, the rotation should concentrate more on (1) their area/s of expertise, (2) the teaching of medical students, and (3) the organization of independent and clinical work for students.

Before arriving in the US, participants need (1) manuals on common laboratory procedures and pharmaceuticals, (2) information on the focus of their clerkship rotation so they can read clinical books in the designated area, (3) handouts on the ward team concept and the hierarchy of faculty, interns, residents and students in the teaching program, and (4) school catalogs and the curriculum of the host institution.

Participants need departure debriefings and counseling on entry to the US and re-entry to Russia.

During the exchange participants should be allowed more time to work on their individual projects and their projects should be integrated into their clinical rotations.

More magisters, junior faculty, assistants to department heads and department heads should have participated in exchanges to the US. Their rotations should have included content commensurate with their role in reforming medical education in Russia.

Administrators of Russian partner schools should have been paired with administrators of US partner schools for purposes of colleagueship, mentorship and encouragement in the reform movement.

Re-evaluate the desired short and long-term end-products of the clerk/magister exchange program to determine how they fit into the reform movement.

In sum, comments from a department head at USMA sum up the clerkship experience: "Our students who have participated in the clerkship have returned with a broader view. As students they will be leaders of the hospital teams. Then, we will leave them as residents for two or three years. Finally, they will be faculty assistants in our department. In conclusion, if this trend continues, then, in time, these exchange participants may be oriented towards innovative teaching methodologies and be conduits for progressive ideas. For now, the impact of the exchange program can not be evaluated.

(2) Describe the Technical Merit/Appropriateness of Products and Recommendations.

Products of the partnership that are evaluated include Ward Teams, the Integrated Examinations for Medical Students, the Medical Education Booklet, and the NBME Item Writers Manual in the Russian Language.

Ward Teams:

The ward team approach was demonstrated (1) at the University of Rochester to visiting Russian partner participants and (2) at Russian partner schools by visiting US faculty members. Russian participants enthusiastically endorsed the ward team approach as a reform for medical education in Russia. As a result, pilot ward teams were introduced at all the partner schools. At the CSMA, three more experimental ward teams consisting of four medical students and one resident each, will be initiated after February l997. Facilitating the ward teams will be one returning clerkship student and one junior faculty who assisted the US faculty members initiating experimental ward teams at CSMA.

Strengths of the ward team program include:

-lectures and practical applications of ward teams were demonstrated in the US and in Russia.

-many individuals representing all levels of medical education in partner schools were included in the teaching modules.

-Russian partners have attempted to adapt the ward team concept in selected departments at the partner schools.

-individuals participating in the ward teams report a very positive experience.

-returning clerks and magisters are leading out in the experimental ward teams at the Russian partner schools.

Weaknesses of the ward team program include:

-administrators at the partner schools verbalize support of the concept, but have done little to actively implement sustainable ward teams in the schools.

-the motivation of faculty to continue ward teams fluctuates.

-the role of clerks and magisters participating in the US exchange program remains unclear regarding ward teams.

-few faculty know how to implement and sustain ward teams.

-an insufficient core of individuals were oriented to the reforms.

-numerous obstacles to the active implementation of long-term ward teams at partner schools. Several of the key obstacles include (1) the large number of medical students in Russia's medical schools, (2) the large student to teacher ratio for clinical rounds (approximately 20 students for one teacher) far exceeds the ratio common in the US medical system, (3) magisters and interns do not commonly engage in teaching, but even if they were included as teachers in the reform movement, they lack the teaching experience that a US resident has generally acquired by residency, (4) Russia's magisters and interns have little motivation to take on additional work since they are getting little or no pay during Russia's financial crisis, and (5) the lack of medical resources for research and study.

Recommendations to enhance the ward team program include:

If a core of individuals in a designated department were oriented to the ward teams and submerged in its implementation process more sustainable reform projects would have resulted.

More publicity should be given to the merits of ward teams and the strategies for implementing ward teams. This information should be given to more faculty at the Russian partner schools, groups of leaders in Russia's medical education system, and experts at the Russian Ministry of Health.

Integrated Examinations for Medical Students:

The UR introduced the concept of integrated testing with two strategically planned activities. First, the Educational Commission for Foreign Medical Graduates Clinical Skills Assessment was given to students from the partnership schools. Reviewing the test and observing the testing methods were administrators from the partner schools and the Russian Ministry of Health. Then, the selection of clerkship participants was partially based on a standardized test of medical knowledge created from previous exams offered by the National Board of Medical Examiners. Both of these efforts were directed towards creating an environment for establishment of (1) short-term pilot projects at Russian partner schools and (2) long-term testing standards for Russia.

Once Russian partners bought into the idea of standardized tests, an intensive effort including the preparation of support materials in Russian, the organization of an educational trip to the US specifically for developing testing experts, and the initiation of standardized assessment workshops in Russia was implemented.

This spring pilot tests using an integrated testing approach will be administered to sixth year students enrolled in Internal Medicine Departments at the partner schools. Results of the pilot exam will be presented at the final partnership conference scheduled to be held sometime after May l997 in Kiev, Ukraine.

Strengths of the integrated exam program include:

-partnership activities have developed a core of beginning testing experts in Russia who are prepared to spearhead this reform activity in Russia.

-the creation of integrated exams has encouraged faculty from the partner schools to look for common terminology and common approaches to education and testing within their schools.

-participants in the integrated exam program wrote a letter to the Russian Ministry of Health detailing their pilot project and its merits for medical education in Russia.

-the Russian Ministry of Health has been continuously appraised about the project, even before inception of the project. While the Ministry has remained rather neutral about this project, the educational expert at the Ministry requested detailed information about it during December l996.

-participants are eagerly preparing for the pilot exams at the three partner schools.

-participants have requested exam result data from the Russian Ministry of Health's last exam for graduating doctors. Participants would like to use these data for comparison with their pilot exams.

Weaknesses of the integrated exam program include:

-the pilot exams are not based on standards of practice.

-lack of an external review panel to evaluate the quality of exam questions. Presently, exam questions are reviewed by the faculty creating the questions.

Recommendations to enhance the integrated exam program follow.

The initial emphasis of this project should have been on developing common standards for medical education, then working on the testing of these standards by an integrated exam.

A panel of Russian experts in testing and clinical practice should have been created to provide an objective, eternal review of the pilot exam.

Medical Education Booklet

The Medical Education Booklet about the Russian Medical Education System was prepared by IBA staff and partner participants in Russia and Ukraine with consultation from partner schools. The largest value of the booklet is for individuals participating in programs within the US medical education system. Alone this book would not stimulate reforms in Russia and Ukraine.

NBME Item Writers Manual in the Russian Language

This manual will provide a strong impetus to the movement for standardized assessment especially as more faculty members are being recruited to assist in the effort. Unfortunately, the manual has not been printed in Russian.

(3) Describe the Technical Merit/Appropriateness of the Resource Center and Recommendations.

Ideally, the Resource Center located as part of the IBA stands as an independent entity mandated to facilitate international medical partnerships and provide the resources needed for medical education reform in Russia. The Resource Center located in Ekaterinburg addresses a vital need (1) for English language resources in medical education, (2) for communication links with the US, and (3) for coordination of the Russian partnership activities.

Strengths of the Resource Center include:

-the Center has a collection of English language books (N=500) on topics of basic and clinical sciences, methodology literature, medical journals, and testing materials. It routinely receives CD-ROM updates of Med-Line and a few US medical journals.

-the Center has ample room for meetings, for the library and computer resources, for study and for work. The large windows and nicely finished decor makes its environment very conducive for scholarly pursuits.

-Center resource staff are well qualified and very knowledgeable about the resources and about computer technologies.

-the grand opening of the Center was widely advertised at USMA and its affiliated clinical sites.

-IBA staff actively market the Center by posting flyers in medical teaching buildings, the American Business Center, main libraries, newsletters, university and city-wide newspapers.

-Users of the Center extol its virtues. A fourth year medical student commented, "I come here two or three times a month because the Center opens the windows of the world for me." An intern says, "I come here two or three times per week because the books at the Center offer me more statistics and methods of treatment." A physician remarked, "I come here two or three times each week because I will be taking the USMLE in March and I want to pass it."

Weaknesses of the Resource Center include:

-the lack of user statistics documenting the Center's clients and the services used or requested by their clients.

-the Center is located on the edge of Ekaterinburg, far from USMA and many of the large clinical practice sites, making it rather inaccessible to faculty and students wanting to use it. Upon finding

the large building housing the Center, the absence of signs makes it nearly impossible to find the Center as it is located on the ninth floor. The absence of workable elevators makes it accessible only to the physical fit and hardy.

-the Center's working hours of 10 a.m. to 5 p.m. make it inaccessible to most working people. The use of Center resources is limited even further because books may not be checked out.

-a direct line to Med-Line is impossible.

-no plan has been made to self-fund the Center at the completion of the grant.

-Center users who are not partnership participants are allowed to use the Center for little or no fee.

-resources have not been distributed on an orderly schedule to CSMA. Rather, individuals from CSMA wanting to use the resources must travel to Ekaterinburg. A few highly motivated individuals from Chelyabinsk have done this.

-users would like to see the addition of more current medical books in the Russian language.

-staff indicate the Center needs more computers and computer-assisted instructional programs in such areas as English language tutorials and clinical examinations.

Recommendations for the Resource Center include:

IBA staff need to reconsider moving the Learning Center to a more accessible location, closer to USMA or an affiliated hospital and also a location having telephone capabilities adequate for electronic mail, etc.

The Center's hours of operation should be extended beyond 5 p.m., extended even to 11p.m.

IBA staff need to actively begin documenting who used the Center's services, the services used, and the amount of time spent using these services.

IBA staff need to develop a self-sustaining plan for the Center after the grant period.

Additional resources especially in the area of current medical journals and computerized medical teaching programs should be added to the holdings of the Center.

The Center should began a regular exchange of medical resources to the partner schools in Chelyabinsk and Kazan.

Add current Russian language medical books and more computer assisted tutorials to the collection.

(4) Describe the Technical Merit/Appropriateness of Consulting Services and Recommendations.

US participants have actively engaged in consultation with the Russian partners. Initial consultation visits by US faculty to Russia purposefully exposed Russian faculty to innovative teaching methods and new medical treatment modalities. After the partners selected the specific educational reforms they would concentrate on during the project period, consultative visits combined knowledge building and methods of implementation for the specific medical education reforms. Included in many of these consultation trips were courtesy visits to administrative officials of the Russian partnership schools.

Strengths of the consulting services include:

-Consultation visits to Russia often involved meetings with leading officials at the Russian Ministry of Health and at the Russian partnership schools. These visits have paved the way for the implementation of the pilot projects and hopefully, will serve as a base for reforms within Russian's medical education system.

-Consultants from US partner schools have untiringly given of themselves, their time, and their professional expertise to work with Russian partners.

-Consultations have focused consistently on the outcomes desired by the partners and also within the clinical specialty of the US faculty member.

-Consultations have expanded on the conferences held by US partners and have in many instances demonstrated an application of materials presented at the conferences.

-Consultations have freely been given to faculty, residents, and medical students.

Weaknesses of the consulting services include:

-Consultations have occurred largely during visits to Russia or the US, rather than on-going.

-No or few long-term projects between faculty of partner schools in Russia and the US have resulted from the partnership.

-More one-on-one mentoring for administrators, faculty, residents and students should have occurred within the partnership. Russian participants say they know many colleagues in the US because of the partnership activities, but they have no one they feel comfortable calling to discuss professional or project issues.

-Consultation should have focused even more on implementation strategies for pilot reform activities.

Recommendations for enhancing the consulting services:

Partnership activities should focus on both short and long-term relationships bringing in joint research and academic projects.

Initially, US partners should strategically pair the Russian Participant with US colleagues having the same role and/or expertise to foster mentoring and long-term relationship building.

Much effort should be given to working with administrators of partner schools to ensure pilot projects can be initiated and then, permanently implemented if they are successful.

More consulting should have been given on the process of implementing reforms including the strategies for changing the curriculum, the step-by-step approach for initiating the reform, for gaining support from superiors and colleagues, for building a reform team, for knowledge on marketing the pilot projects, and for procedures to evaluate the reforms.

D. What Additional Technical Assistance could the NIS Partners Use to Improve Their Work in General?

Clearly, the Russian partners have been exposed to a new way of thinking. To better accomplish the outcomes anticipated from the partnership and to foster medical education reforms, further technical assistance in the areas of implementation, sustainability and dissemination should be provided during the remaining months. Recommendations are offered in each outcome area.

<u>Outcome One: Development of a cadre of physicians in faculty positions to enhance medical education at Russian partnership medical universities.</u>

Further exchange programs should concentrate on US faculty members and testing experts visiting Russia (1) to assist with implementation of the pilot activities and (2) to disseminate results of the partnership activities The frequent comment heard from Russian participants was they learned what needs to be done, but they need help with implementation. A Rector said, "We want to continue, our program is not realized. We have just gotten to know each other. We do not want to start over." A department head said, "We would like to eliminate clerkships and concentrate on having US experts visit Ekaterinburg to help us get started."

<u>Outcome Two: Development of the capacity for innovative teaching through up-to date educational materials leading to curriculum enhancement.</u>

US partners should identify and work with partner schools willing to implement the IHHI course.

Even though the final partnership Conference is tentatively scheduled in Ukraine, partners should open the Conference to select medical schools in Russia, especially those medical schools indicating an interest in the pilot projects. Monetary support to two or three individuals from these schools would (1) encourage their attendance at the conference, (2) facilitate dissemination of the pilot activities, and (3) stimulate medical education reforms in other geographic sectors of Russia. Also, a special invitation should be extended to the Russian Ministry of Health to

stimulate their involvement in the reforms, especially the standardized assessment reforms. High quality written materials on the reform activities (in the Russian language) should be made available, either free or for a small fee, to conference participants.

US and Russian partners should prepare briefs and concise manuals in Russian on the pilot projects, the lessons learned from the projects, and the implementation of these projects within Russia. These materials should be (1) personally delivered by IBA staff and partnership Coordinators to the Russian Ministry of Health and other designated government leaders, (2) disseminated at the final partnership Conference, and (3) sent to Administrators of Russia's medical schools and to other influential physicians in Russia.

Outcome Three: Establishment of a resource center and development of standardized assessments.

US partners need to work immediately with the IBA and Russian partners to develop and operationalize a business and sustainability plan for the Resource Center. This plan must incorporate strategies making the Center self-funded such as (1) identifying revenue producing activities, (2) establishing user fees for partner and non-partner users, and (3) implementing a comprehensive, aggressive marketing plan.

Other USAID-sponsored projects in Russia have produced valuable written materials on reforms in 1) the health care delivery system, (2) professional organizations and (3) health management sectors. These materials were notably absent from the Resource Center. The IBA, with assistance from USAID-Russia, must obtain copies of these materials for inclusion in the holdings of the Resource Center.

US partners need to develop a sophisticated external review panel and review process for test questions in the pilot standardized exams.

US partners need to train two or three Russian experts who can take the standardized exam beyond the test writing and pilot testing stages to the stages of analysis, interpretation, computerization and policy development at the institutional and national levels. This could be accomplished with (1) an intensive internship at the National Board of Medical Examiners and (2) the development of a long-term consultant relationship.

After analysis of the pilot tests, US partners need to work with faculty and administrators of the Russia partner schools to provide not theoretical, but practical interpretation of the results, i.e., what do the results mean for teaching strategies, for course content, for integration of courses, for clinical experiences and for curricular changes.

US partners need to facilitate the translating and publishing of the booklet on standardized testing in the Russian language.

Russian partners need to actively court Ukrainian partners also working on standardized testing to share (1) test questions, pilot testing and analysis experiences, (2) the development of standards in medical education and (3) the future development of computerized testing methods.

E. What New Directions are a Natural Follow-on to the Partnership? Are There Others Working in the Sector That This Group Might Contact and/or Collaborate With?

During the past two years a basis of trust, camaraderie, enthusiasm for reform, and renewed hope in the future of Russia's medical education system has emerged with the partnership. Probably the largest accomplishment has been that physicians in the US and Russia have found they have common professional and personal needs, they can be friends in spite of their cultural differences and together they can make a difference for future generations. Over and over again, Russian partner participants expressed their hope the partnership would continue, even without financial support, because for them the partnership represents a lifeline to hope in a brighter future, to friendship and to reforms in a system ripe for reform. In fact, it was in the faces and in the voices of the highest officials we met that we heard the quivering voices and we saw the slight tears as they reflected on what the partnership meant to them, to their institutions and to their country. Future projects building on the base established in this initial partnership program can anticipate larger results, larger acceptance, and a larger impact in reforming the Russian medical education system. The partnership can immediately go to work on reforms, rather than work on relationship building.

Several new directions leading to reform in the medical education system of Russia obviously follow the beginning reforms initiated in the partnership project. These reforms are detailed below.

Research Collaboration

The partner schools should establish a few, clearly defined research projects having potential for the world community, i.e., nuclear fallout and diagnostic/treatment regimes, substance abuse prevention in a population that is now increasingly exposed to the marketing campaign of tobacco companies and that now is increasingly find drugs accessible, and natural therapies commonly practiced in Russia because of inadequate finances and inadequate availability of pharmaceuticals.

The partner schools should establish longitudinal studies measuring the impact of medical education reforms on students, physicians, consumers, etc.

Standard/Licensure Development

Standards in medical education and medical practice should be developed on a national basis so a common base exists. Future reforms built on these standards will have a larger chance for national implementation.

Facilitate the dissemination of the standardized assessment project throughout Russia. Much assistance will be needed to disseminate the pilot results, refine the exam, broaden the scope of the exam , and expand the exam into all clinical areas and into the national scene.

Resource Expansion

Facilitate the writing, printing and dissemination of quality medical resources by Russian or non-Russian authors. Presently, there is a dearth of Russian language medical resources in every clinical area. While a growing number of medical books are available in the Russian language, many of these books are from the l980s, but only recently translated.

Develop the computer resource capabilities of Russia's medical schools. Presently, the Sorris Fund provides financial and technical assistance to some of the medical schools, but this assistance will end during l997.

Facilitate accessibility to current, main stream US medical journals on an on-going basis for Russia's medical schools.

USAID should support a massive effort to establish a clearinghouse of resources created in the NIS by US government sponsored initiatives. Then, these resources need to (1) be given to regional Resources Centers throughout Russia and (2) made available for wide dissemination throughout the NIS.

Clinical Program Development

Create pilot clinical practice centers operated by medical schools whereby faculty and students assume responsibility for patient care.

Select one or two Russian schools to assist with the implementation of a model Family Practice Program that is based on other USAID-sponsored family practice initiatives. The program should have two components, as a short-term program for specialists to expand their skills and as a long-term program for residents to enter the practice arena.

Create long-term faculty exchange programs so faculty can upgrade their clinical skills and clinical teaching skills.

Teaching Methods Expansion

Continue faculty exchange programs especially for junior faculty and faculty serving as assistants to department heads. Because these individuals have already been accepted into the community of Russian medical educators and because of their potential to remain faculty members for many years, they will be key to the accomplishment of reforms in medical education. The training program should focus on (1) clinical education methods, (2) teaching and evaluation methods, (3) current medical practices, and (4) strategies for introducing and implementing changes in Russia's medical education system.

Conduct conferences on (1) the philosophy and methods for evaluating the teaching process, faculty teaching effectiveness and student performance and (2) the delivery of medical care in a market economy with an emphasis on health care costs and quality.

F. Discuss the Partnerships Sustainability Plan. How Close are the Partners to Meeting These Goals?

A five page Sustainability Plan for Russia drafted July 22, l996, clearly indicates what activities are needed for the partnership project to remain a viable, long-term entity in Russia. Goals identified in the sustainability plan are underlined and the accomplishments toward goal achievement are evaluated.

Resource Center will continue to operate/provide services for the medical/academic community in the areas of (1) computer based learning programs, database searches, and tutorials, (2) English language resources, (3) USMLE Preparation Courses, (4) Curriculum Development Workshops and Consultations, (5) Pilot Project Materials, (6) Video/Slide Teaching Materials, (7) Standardized Assessment Workshops and Consultations and (8) consultation to physicians seeking residency training in the US

The Sustainability Plan states these services will be supported by charging a fee-for-services, however, presently, no business plan exists. When asked about the future of the Resource Center, the evaluator was given these responses, "The continuation of the Center after the grant period is a very painful question. We need outside activities to bring in income, but these activities have not been defined. We may have to lay off staff. We may have to negotiate with partner schools for subsidies."

Now, the Center has two to six individuals using it per day. No statistics were available on reasons individuals use the Center. Most of the users are students and junior faculty. Senior faculty rarely use the Center, because most of them are not fluent in English and the Center's resources are predominately in English.

The innovative teaching methodologies will continue through clinical clerks, junior faculty, and participants in workshops. USMA and CSMA will continue (1) the use of the ward team

approach and (2) the implementation of clinical teaching methods observed by young doctors in their clerkships or during the visitation of US faculty members to Russia.

Presently, an adapted form of ward teams exist as pilots at USMA and CSMA.

A department head at USMA described the ward team project within his department, "Ward teams were implemented at USMA right after I returned from the February l996 conference in Rochester. We started two hospital teams then, and now, we have four. We are mimicking the American method by having different levels of students in our ward teams. We added second and third year medical students, but we found those students do not have enough medical knowledge, so now, ward teams are only for sixth year medical students, residents and interns. The ward teams are led by residents and assistant faculty."

A participant summed up what he learned about innovative teaching methodologies with these comments, " Now, I know about the American medical education system. I especially like the integrated approach demonstrated with the IHHI Course. We will try to implement a similar approach. I have also learned other things such as the art of making tests, a very methodical approach to examining a patient, and the importance of patient education at the bedside."

Test writing committees developed through the NBME Workshop and follow-up Workshops will continue to meet annually. Test writing committees will be formed to continue the construction of standardized exams for other disciplines. A database of questions will be created and enlarged.

Presently, fifteen faculty members from partner schools are actively writing test questions and preparing for the pilot tests. In all 400 questions were submitted as potential questions in the pilot examination. One hundred-twenty questions were selected for the pilot exam which will be administered to sixth year medical students at the three Russian partner schools. The exam will be administered during Spring l997. Leaders of the Standardized Assessment Project want to include in the pilot test fifty questions from the Russian Ministry of Health's test for medical school graduates. So far, the Minister of Health has not responded to this request. If the additional questions were added to the pilot exam, it would provide valuable comparison data on the quality of medical education and the present testing process.

Remarks from an active participant reflects his enthusiasm for this project, "From the Standardized Assessment Workshops, I learned about breakthrough methodology for making tests. Now, I have taught three Department Heads and two assistant faculty at CSMA how to write and hold testing sessions. We have written 120 questions that will be considered as possible questions for the pilot test this spring. Our test will be much better than the national test presently given to Russian medical students. We believe, in time, standardized testing will be wide spread, like a field with flowers."

Reference materials will continue to be translated and published in Russian or Ukrainian.

This project remains on-going, although it is unclear where the funds and technical support will come from upon completion of the grant.

Faculty of Russian partner schools and IBA staff will participate in Russian or international conferences devoted to medical education.

Participation in conferences has been on-going. No mention was made how this activity will be sustained.

A consortium of medical schools in Russia, funded by membership fees, will be formed to continue the partnership activities.

The consortium, nor a business plan to fund consortium activities has not been created.

The IHHI Course will be adopted as a course at partnership schools.

Administrators and faculty at the Russian partner schools express much interest in implementing the IHHI Course, however, this course has not been adopted in the schools' curricula because (1) faculty are uncertain how to implement the course and (2) the administrators of the partner schools have not given their approval.

Clinical medical education will be restructured by the active involvement of young doctors.

Magisters who have participated in exchanges to the US are assuming an active role in ward teams at Russian partner schools. It is uncertain, however, if these young doctors will be asked to remain in the medical education system upon completion of the residency.

Personal and professional contacts will continue among Russian, Ukrainian and American partners. Monthly transfer of current medical articles to individuals using the Resources Center will continue. E-Mail and fax communications will continue between all partnership schools.

Presently, e-mail, fax and phone communications are possible between partners. These connections will remain for some time after the grant period because grant funds are being used pay user fees in advance. A business plan does not exist which addresses how user fees will be paid after the advance payment runs out.

Activities will be continued through external funding sources.

Russian partners are optimistic that continued funding will come to the partnership project, yet no commitments have been made by external funding sources. They are willing to provide institutional matches commensurate with the matches provided in this initial grant.

Faculty/Resident/Student Exchanges will occur.

No commitment has been made by the partner schools on continuation of the exchange program.

Collaboration on Research will continue.

Presently, no official research collaboration is in place, although preliminary inquires have occurred between US and Russian faculty.

Curricular Changes will continued to be shared between partner schools.

Administrators and faculty of the Russian partner schools express their willingness to share materials with their US colleagues.

G. Other Points For Discussion Suggested by IREX. How comprehensive is the IBA Resource Center? What additional materials both print and electronic might they consider acquiring? How could they increase use of the center?

The IBA Resource Center, a two-room office and a two-room Learning Center, holds English language resources including textbooks by clinical specialty, documents of partner activities, and CD-ROM programs on clinical topics, current medical journals and MED-LINE. A direct telephone connection for electronic communication via computer has not materialized due to the location of the Center.

Presently, the Center has an ample number of computers, printers, faxes, copiers, etc. It also has sufficient space for offices, reception areas, library holdings, study areas, and a small computer lab. Unfortunately, the Center hours of operation (from 10 a.m. to 5 p.m.) and location diminishes its accessibility.

To keep the Center's holdings current and appropriate for the needs of its users the following additional materials are needed:

Current medical journals on CD ROM or microfiche
USMLE preparation materials on CD-ROM
Current clinical teaching programs on CD-ROM
Current, clinically-related textbooks and manuals
Active, on-line connections to MED-LINE and medical resources

Use and visibility of the center could be markedly increased if (1) the Center were located at the USMA or a large central, city hospital, (2) if Center staff worked in collaboration with Department Directors at the partner schools and participating hospitals, i.e., bringing in these individuals as Advisory Committee or Resource Acquisition Committee members, taking resources to the respective departments, providing lectures on the use and availability of resources, and (3) the Center would increased its hours of operation.

How do you rate the pace of changes being made by the Russian medical schools in clinical education as a result of this project? Are they being innovative or are they dragging their feet? What might be done to help them to make changes more quickly?

Daily, Russia's economic and political situation becomes increasingly more unstable. The government leadership especially at the federal level fluctuates from unstable to very unstable, much of it dependent on the health status of the President. Because the government has had no leadership at the federal level for at least nine months due to Yeltsin's illness, no one has made hard decisions about the country's financial situation. The basic structures of society including education is eroding. Faculty have received little or no pay for months. Educational resources remain antiquated and substandard. Attitudes indicate despair.

While the general living and practice situation for most Russian participants is little different than their colleagues who were not partnership participants, I noticed a most unusual difference in their attitudes about life and reforms. During the partnership these individuals were exposed to a world vastly different then their own. Now, they have ideas, goals, and hopes for a better future. These individuals are working in their own institutions, in their cities and even in their national professional circles to make a difference. As a result, reforms will occur. Fortunately, the leadership at the Ministry of Health, especially at the department level, has remained rather stable and continues as an instrument to reform in the health care sector.

While partners have continuously courted and appraised the Ministry of Health about the pilot reforms, the Ministry has demonstrated some reluctance to fully support the initiatives. In December l996, the Ministry indicated it would send one of its key staff to Ekaterinburg to visit with the key players in the Standardized Assessment Project. Of course, Russian partners are hopeful this meeting will actually materialize and subsequently, the Ministry will more strongly advocate for measure needed to implement the standardized testing process for Russia. An appropriate theme was continuously echoed by Russian partner participants, "Changes are Slow."

Partner schools, as indicated throughout this report, are making changes in their teaching and evaluation methods. So far, the pilot projects at the partner schools have received little visibility in Russia. Partner schools are urged in the few remaining months of this project to widely disseminate results of the pilot projects. Upon completion of the partnership grant, partnership projects should continue to build on the reforms begun during this initial project because reforms in Russia's Medical Education System are just beginning.

How could trips by visiting US faculty and residents be made more productive at these schools? How could they help to increase the pace of reform in clinical education?

During the remaining project period visits by US faculty should have a three-fold focus. First, administrators of Russian partner schools must be convinced about the impact of the pilot projects and then be willing to administratively support the adoption of the changes into the school's curriculum, so, US faculty must solicit that kind of permanent endorsement of the changes. Second, US faculty must assist Russian faculty in the day-to-day practical adoption of the reforms. If this is done, the pace of reforms introduced in the partnership program will be

increased in the partner schools. The frequent comment from Russian participants was they had learned what needs to be done, but they do not know how to implement it. "We are like baby birds," was a comment which so poignantly expressed their situation. Third, the products of the partnership must be disseminated through lectures, conferences and in a written form.

If Rochester and their partners were to continue this type of work, what should be their next steps? What additional workshops or training could help medical curricular reforms?

Refer to Section D, "What Additional Technical Assistance could the NIS Partners use to Improve Their Work in General?" and Section E, "What New Directions are a Natural Follow-on to the Partnership?" for discussion on this issue.

How prepared are the item writers that have been trained under this project to create high quality standardized examinations?

Fifteen participants of the Standardized Assessment Workshops have actively engaged in writing test questions for the pilot exam which will be administered during Spring l997, to sixth year medical students. The pilot questions have been reviewed only by the individuals who wrote them. Unfortunately, an expert review panel has not been created. Most likely the reason for this is that no real experts in test writing, test construction, or test administration exist within the Russian partner schools. Also, a critical need exists to train experts who can take the exam beyond the test writing and pilot testing stage to analysis, interpretation and policy implementation stages.

Individuals Interviewed During the Evaluation Visit

Ekaterinburg

Anatoly Yastrebov, Rector, Head of Pathophysiology, Ural State Medical Academy
Boris Yushkov, Educational Prorector, Head of Normal Physiology, Urals State Medical Academy
Peter Sarapoultsev, Professor, Head of Internal Diseases, Urals State Medical Academy
Michael Grouzdev, Associate Professor, Urals State Medical Academy
Yuri Fomin, Director, Charity Fund for Facilitating International Medical Partnership, IBA; Coordinator, Russian Partnership
Alexei Sirotkin, Vice-Director, Charity Fund for Facilitating International Medical Partnership, IBA
Tatiana Smirnova, Program Assistant, Charity Fund for Facilitating International Medical Partnership, IBA
Lena Chesnokova, Clinical Clerk Participant
Ekaterina Milshtein, Clinical Clerk, Participant
Maria Sirotchkina, Clinical Clerk Participant
Tatiana Shelepova, Clinical Clerk Participant
Denis Provalov, Clinical Clerk Participant

Leonid Shouniakov, Clinical Clerk Participant
Svetlana Popova, Clinical Clerk Participant
Inna Choukina, Clinical Clerk Participant
Individuals Using the IBA/Resource Center, i.e., a Fourth Year Medical Student, an Intern and a Physician.

Chelyabinsk State Medical Academy

Yuri Shamourov, Rector, Chelyabinsk State Medical Academy
Oleg, Kalev, Pro-Rector of the Therapy and Family Medicine Department, Chelyabinsk State Medical Academy
Ilya Dolgushin, Pro-Rector, Head of Microbiology, Chelyabinsk State Medical Academy
Anatoly Prazdnov, Faculty, Chelyabinsk State Medical Academy
Oleg Sobenin, Junior Faculty, Chelyabinsk State Medical Academy, Worked with US Partner Consultants in Chelyabinsk
Lilya Karmazova, Junior Faculty, Chelyabinsk State Medical Academy, Worked with US Partner Consultants in Chelyabinsk
Olga Ilyicheva, Junior Faculty, Chelyabinsk State Medical Academy, Worked with US Partner Consultants in Chelyabinsk
Michael Schipitsin, Resident, Chelyabinsk State Medical Academy, Worked with US Partner Consultants in Chelyabinsk
Valentina Kotyarova, Resident, Chelyabinsk State Medical Academy, Worked with US Partner Consultants in Chelyabinsk