

Features of Professional Needs of Resuscitation Department Heads in Upgrading the Level of Personal Competence and Postgraduate Education

Características de las necesidades profesionales de los jefes de Departamento de Recuperación en la mejora del nivel de competencia personal y educación de posgrado

Vitaly Viktorovich SOLOVYEV [1](#); Alexander Konstantinovich BURTSEV [2](#); Valentina Nikolaevna OLESOVA [3](#); Egor Evgenevich OLESOV [4](#)

Received: 29/07/2017 • Approved: 05/08/2017

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ABSTRACT:

The necessity and urgency of the development of a new model for the organization of advanced training of heads of resuscitation departments is based on the study of the peculiarities of their professional duties and corresponding competence needs, personal interest, and motivation to increase the level of personal competence in certain areas of knowledge and skills. The purpose of the study is to determine the need of the resuscitation managers of multiprofile hospitals to improve their knowledge of management and personal competence. The resuscitation heads of Moscow multiprofile hospitals were surveyed on the need of advanced training, the optimal periodicity and duration

RESUMEN:

La necesidad y urgencia del desarrollo de un nuevo modelo para la organización de la formación avanzada de los jefes de Departamento de resucitación se basa en el estudio de las peculiaridades de sus deberes profesionales y las correspondientes necesidades de competencia, interés personal, y motivación para aumentar el nivel de competencia personal en ciertas áreas de conocimiento y habilidades. El propósito del estudio es determinar la necesidad de los gestores de resucitación de los hospitales Multiperfil para mejorar su conocimiento de la gestión y la competencia personal. Los jefes de reanimación de los hospitales Multiperfil de Moscú fueron examinados sobre la necesidad de

of the training, as well as appropriate forms of advanced training. The data obtained on the needs to increase the level of personal competence among the heads of resuscitation departments of multiprofile hospitals will allow developing the most acceptable forms of professional development for them, which can be used for heads of departments of other multiprofile hospitals. Practical application of the obtained data is in the use of this material at the Advanced Education Departments of Postgraduate Medical Education.

Keywords: heads, department, resuscitation, advanced training, need.

formación avanzada, la periodicidad óptima y la duración de la formación, así como las formas apropiadas de formación avanzada. Los datos obtenidos sobre las necesidades de aumentar el nivel de competencia personal entre los jefes de reanimación de los departamentos de hospitales Multiperfil permitirán desarrollar las formas más aceptables de desarrollo profesional para ellos, que pueden ser utilizados para jefes de departamentos de otros hospitales Multiperfil. La aplicación práctica de los datos obtenidos está en el uso de este material en los departamentos de educación avanzada de la educación médica de posgrado.

Palabras clave: jefes, Departamento, reanimación, formación avanzada, necesidad.

1. Introduction

A doctor is the central figure in the system of public health care. The level of his or her education, motivation to work, behavioral attitudes, cultural level, observance of ethical norms, the state of somatic and mental health ultimately affects the effectiveness of the health system, the quality of medical care, health of population, observance of patient rights, and patient satisfaction with medical services. At the same time, human resources are the most expensive health resources, the cost of which increases with the accumulation of professionalism and experience (Bedoreva, Sadovoy & Starigin, 2008; Vasilyeva & Shevchenko 2003; Donin & Merkova 2005). According to the WHO, the cost of training and using human resources is 60-80% of the budget for health care.

Reforming the health care system and implementing the new Concept for the Development of Health Care and Medical Science in the Russian Federation set specific tasks for the heads of medical organizations and their structural units, the implementation of which will require the performance of certain functions. The introduction of new forms of organization of medical and preventive assistance to the population, compulsory and voluntary medical insurance, provision of paid services to individuals and legal entities significantly expanded the duties, powers, sphere of organizational and managerial activity of heads of medical organizations, especially the heads of resuscitation departments in multiprofile hospitals (Knyazhev, Mozharov, & Romanov, 2006; Merkushova 2011).

2. Methods

The paper observed the following objectives:

- To conduct a sociological survey of the heads of resuscitation departments of multiprofile hospitals in Moscow on the need for advanced training.
- To identify the field of knowledge, the need for which is high for the heads of resuscitation departments of multiprofile hospitals.
- To study the opinion of the heads of resuscitation departments of multiprofile hospitals on the optimal periodicity and duration of postgraduate advanced training and self-improvement, as well as the most effective forms of advanced training in their opinion.

The survey of the heads of resuscitation departments of multiprofile hospitals from the poll, students of advanced training for various aspects of advanced training was conducted using a 5, 10 or 100-point analog scale, depending on the criterion of the analysis. The survey took into account specialists' clinical profile and gender.

3. Results

The survey of the heads of resuscitation departments of the multiprofile hospitals from the poll, the students of advanced training in relation to the interest in upgrading, self-improvement allowed us to reveal a number of regularities. The survey was conducted using a 100-point

analogue scale, in which 0 corresponded to complete absence of interest, and 100 points were for maximum interest. The survey took into account specialists' clinical profile and gender.

It was found that men demonstrated maximum interest in upgrading at the level of 92.9 ± 3.0 points. Male heads were clearly more inclined to new professional knowledge and skills than female colleagues, who performed the duties of heads of resuscitation departments: 92.9 ± 3.0 points against 81.1 ± 2.3 points, respectively, $p < 0.05$. The revealed regularities made it possible to conclude that the system of long-term planning of the advanced training of heads of resuscitation departments of multiprofile hospitals, as well as the marketing of postgraduate educational programs for this category of specialists should take into account the clinical specialization and gender features of the level of personal interest of potential students of advanced training courses.

The analysis of the causes for not passing the postgraduate advanced training in the last 5 years has made it possible to reveal certain regularities, which were first of all related to the length of employment history. The survey was conducted using a 10-point analog scale, in which 0 corresponded to the complete absence of significance of the cause, and 10 points were for the maximum significance. The survey took into account the work experience as a specialist (Table 1).

Table 1. The significance of some causes for not passing the postgraduate training in the opinion of the heads of resuscitation departments of multiprofile hospitals with different work experience

Employment History	The average assessment of the cause significance for not upgrading on a 10-point scale (M ± m)					
	Chief Objections	"I already have nothing to be taught"	Decrease in earnings for the period of study	Family problems	No motivation	Other
Up to 5 years	4.83±0.23	2.11±0.18	4.82±0.22	4.72±0.24	2.80±0.20	0.20±0.09
6-10 years	4.64±0.28	2.1 ±0.22	4.30±0.26	3.93±0.26	2.63±0.23	0.20±0.09
11-15 years	4.64±0.29	1.80±0.21	5.40±0.30	4.24±0.28	3.32±0.26	0.30±0.12
16-20 years	4.21±0.35	1.65±0.22	5.32±0.34	3.81±0.32	2.31±0.26	0.10±0.09
21-25 years	3.22±0.35	1.14±0.21	4.32±0.36	3.20±0.33	2.20±0.28	0.20±0.14
26-30 years	3.61±0.34	1.11±0.17	3.43±0.31	2.55±0.27	2.30±0.28	0.11±0.06
31-40 years	2.52±0.28	1.12±0.17	3.11±0.30	2.22±0.26	1.41±0.20	0.11±0.06
More 40 years	3.11±0.95	0.90±0.52	1.82±0.71	1.01±0.65	2.13±0.88	0±0
Not indicated	3.62±0.71	0.90±0.40	3.92±0.62	4.00±0.54	1.32±0.41	0±0
Total	4.00±0.11	1.65±0.07	4.31±0.11	3.61±0.10	2.41±0.09	0.22±0.03

It was revealed that the negative role of the administrative influence of medical organizations' chiefs in not passing the postgraduate advanced training of their employees was assessed lower by older doctors with longer work experience: 4.83 ± 0.23 points among resuscitation physicians with experience of work up to 5 years, and 2.52 ± 0.28 points for specialists with the work experience of 31 to 40 years. At the same time, with the work experience of more than 40 years, this indicator again increased and reached a level of $3.11 + 0.95$ points. Other studied causes for not passing the postgraduate advanced training by the heads of resuscitation departments of multiprofile hospitals did not allow us to reveal significant dependencies between the length of employment history and the significance of the cause (according to the subjective assessment of the respondents).

Explicit dependence was found between the level of motivation to postgraduate advanced training due to career (opportunities for career growth) and length of employment history of heads of resuscitation departments of multiprofile hospitals (Figure 1). The survey was conducted using a 100-point analog scale, in which 0 corresponded to the complete absence of motivation, and 100 points were for the maximum motivation. The survey took into account the work experience as a specialist. It was found that the dependence of motivation to postgraduate advanced training due to career (opportunities for career growth) clearly decreased as the age increases, and only in the pension group it increased to a large extent. At the same time, specialists with the work experience of up to 5 years showed the maximum level of motivation for postgraduate advanced training due to career at the level of 94.4 ± 2.8 points. In the categories of specialists with experience of 6-10, 11-15, 16-20, 21-25, 26-30, 31-40 years, this indicator was consistently decreasing: 87.1 ± 2.7 , 80.2 ± 2.6 , 73.5 ± 2.3 , 64.1 ± 2.2 , 55.5 ± 2.1 , 44.9 ± 1.9 points, respectively (the differences between the mean values for a pairwise examination of the categories were reliable, $p < 0.05$). In the category of specialists with more than 40 years of experience, the level of motivation increased to 75.9 ± 2.4 points.

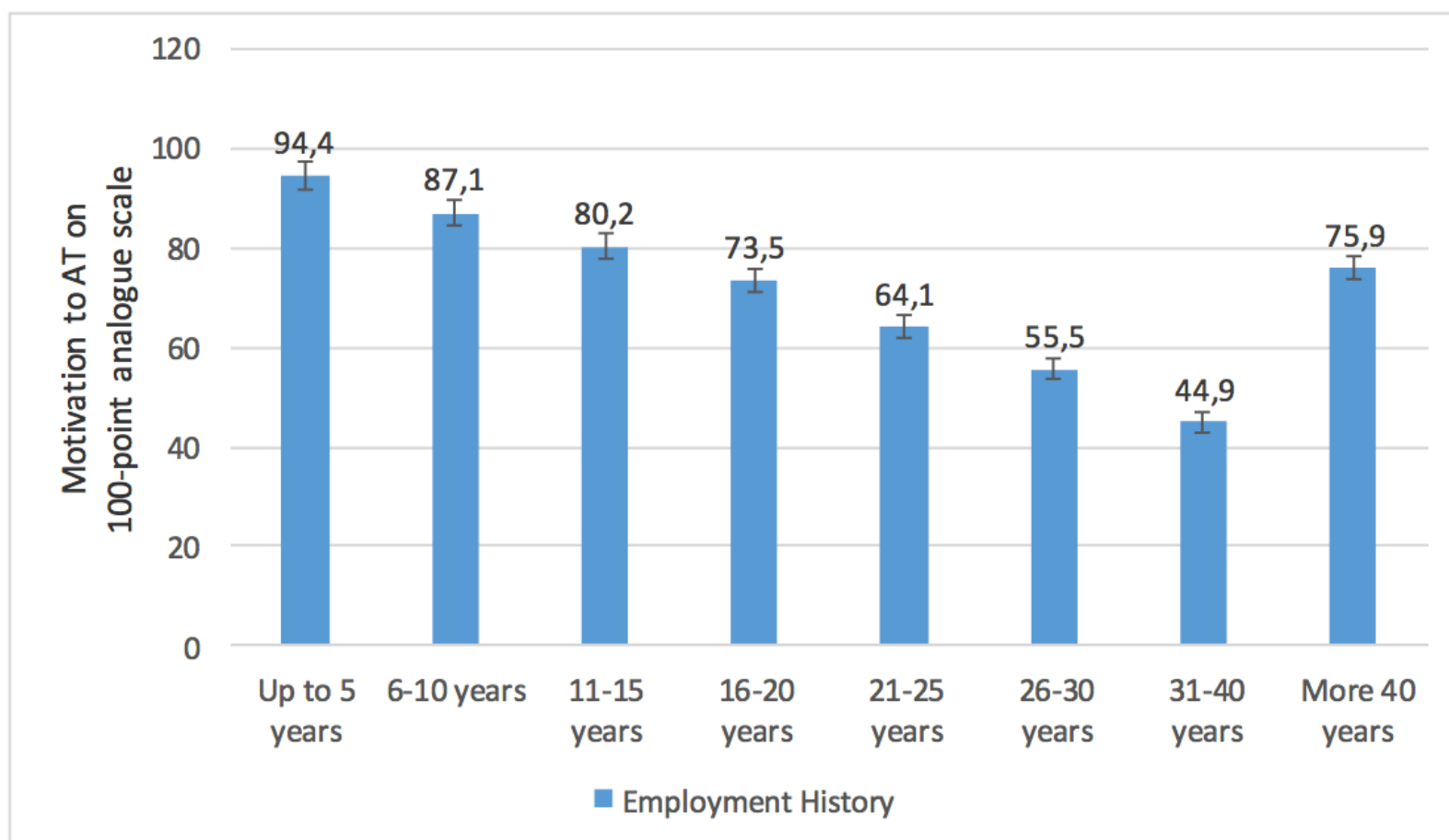


Figure 1. Dependence between the level of motivation to postgraduate advanced training (AT) due to career (opportunities for career growth) and length of employment history of heads of resuscitation departments of multiprofile hospitals.

Professional duty had the highest place in motivation to upgrading of the heads of resuscitation departments of multiprofile hospitals. There was a tendency to increase the importance of this

factor for persons with long work experience in the specialty (Figure 2). The survey was conducted using a 100-point analog scale, in which 0 corresponded to the complete absence of motivation, and 100 points were for the maximum motivation. The survey took into account the work experience as a specialist.

It was found that the dependence of motivation to postgraduate advanced training on the grounds of professional duty increased with the increase in age (length of employment history). At the same time, the specialists with a work experience of up to 5 years showed a minimum level of motivation to the postgraduate advanced training for reasons of professional duty at the level of 39.9 ± 1.9 points. In the categories of specialists with experience of 6-10, 11-15, 16-20, 21-25, 26-30, 31-40 years, this indicator was consistently increasing: 45.5 ± 1.9 , 56.7 ± 2.1 , 65.1 ± 2.2 , 74.8 ± 2.3 , 83.4 ± 2.3 , 90.1 ± 2.4 points, respectively (the differences between the mean values for a pairwise examination of the categories were reliable, $p < 0.05$). In the category of specialists with more than 40 years of experience, the level of motivation was 95.2 ± 2.4 points.

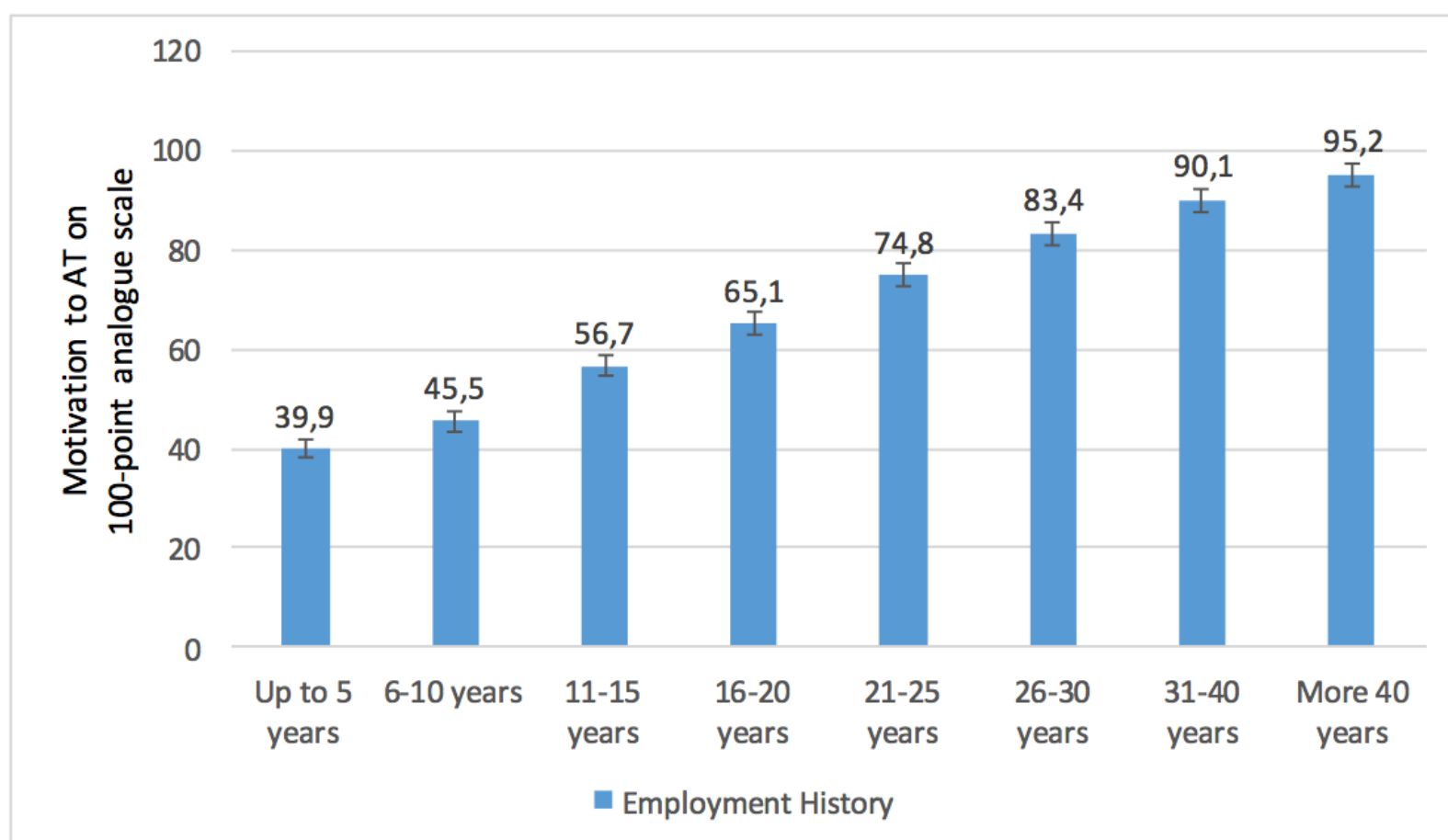


Figure 2. Dependence between the level of motivation to postgraduate advanced training (AT) due to professional duty and length of employment history of heads of resuscitation departments of multiprofile hospitals.

Preservation or improvement of material well-being was one of the leading motivations for improving professional skills. There were minimal differences in the assessment of this factor by physicians with different length of employment history (Figure 3). The survey was conducted using a 100-point analog scale, in which 0 corresponded to the complete absence of motivation, and 100 points were for the maximum motivation. The survey took into account the work experience as a specialist.

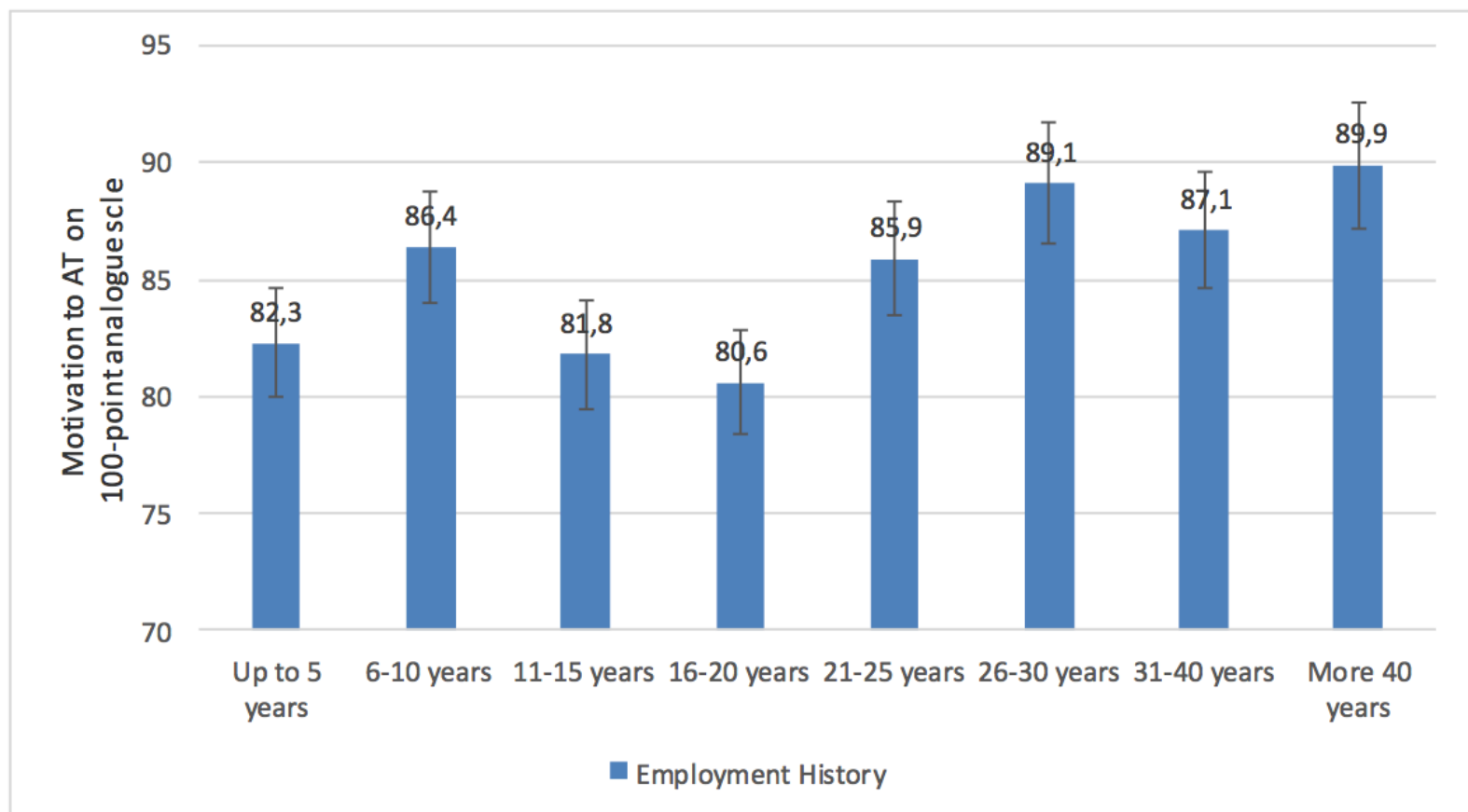


Figure 3. Dependence between the level of motivation to postgraduate advanced training (AT) due to preservation or improvement of material well-being and length of employment history of heads of resuscitation departments of multiprofile hospitals.

It was found that the level of motivation for postgraduate advanced training for causes of preservation or improving material well-being varied within narrow limits depending on the length of employment history: from 80.6 ± 2.2 points for specialists with 16-20 years of experience to 89.9 ± 2.7 points for the professionals with more than 40 years of experience. Differences between the mean values for pairwise consideration of categories were only reliable in individual cases ($p < 0.05$), more often these differences were unreliable ($p > 0.05$).

The majority of heads (62.3%) did not give a response to the question about the purpose of the proposed postgraduate education, but 22.7% expressed a desire to improve vocational training, 13.4% wanted to obtain a specialist certificate, 1.5% were eager to obtain a qualification category and 0.1% indicated other goals.

During the research, the opinion of the heads of resuscitation departments of multiprofile hospitals was studied on the optimal periodicity and duration of the postgraduate advanced training and self-improvement, as well as the most effective forms of advanced training in their opinion. The heads of resuscitation departments of multiprofile hospitals gave a personal (expert) evaluation of the effectiveness of some forms of the advanced training. The survey was conducted using a 5-point analog scale, in which 0 corresponded to the complete absence of effectiveness, and 5 points were for the maximum effectiveness.

The amplitude of expert estimates ranged from 1.69 points (effectiveness analysis of insurance companies' examinations) to 4.05 points (effectiveness of self-study of references). We believe that it is incorrect to draw a conclusion about the effectiveness of the presented forms of improvement based on a formal comparison of estimates. When making an evaluation, a doctor is guided not only by the importance of the information obtained during any cognitive process (conference, meeting, studying documents, etc.), but also by the systematic nature and information volume of a specific channel. It is difficult to expect high evaluation of the effectiveness of activities that are a rare episode in the daily activities of a doctor, even at a high level of their conduct. Therefore, the very low estimate given by experts to the analysis of insurance companies' examinations shows, first of all, not the quality of such expert opinions and their analytical depth (this direction was not considered), but limited use of these documents in medical organization practice, their ignorance by resuscitators.

The continuity of the postgraduate education of medical workers is provided by various forms of advanced training. First of all, this is training at accredited higher medical educational institutions (at centers), which are engaged in such kinds of postgraduate and additional education as residency, postgraduate study, retraining (specialization), general and thematic improvement. It was not possible to link the evaluation of the effectiveness of forms of the postgraduate improvement with work experience. Significant differences on this feature were not revealed. Only in the "thematic improvement" there is a weakly expressed tendency to increase estimates as the length of employment history increases. The residency and postgraduate studies as types of the postgraduate education are on a special place. They are not mass forms of education: they account for up to 10-11% of all cases of upgrading. In this regard, some doctors did not submit estimates, and a large part of respondents put them "in absentia", not having their own experience in studying in the residency or postgraduate course and guided by indirect criteria. This can explain the fact that some experts evaluated the effectiveness of these types of postgraduate training below 4 points, with an average assessment of residency of 4.07 and a postgraduate course of 4.03 points.

Intensive indicators (for 100 heads of resuscitation departments of multiprofile hospitals) gave the following final picture of judgments on the most appropriate periodicity of the postgraduate training: once in 5 years – 51.6 ± 1.0 ; once in 3 years – 23.9 ± 0.8 ; once in 2 years – 8.2 ± 0.5 ; annually – 4.8 ± 0.4 ; once in 4 years – 4.5 ± 0.4 ; once in 6-9 years – 3.3 ± 0.4 ; once in 10 and more years – 0.9 ± 0.2 . The greatest indicator was the periodicity of improvement of "once in 5 years" (51.6 ± 1.0). This indicator reliably ($p < 0.01$) differed from all others. The majority of the resuscitation physicians (64.5 ± 0.9) spoke for cycles of advanced training lasting from 1 month and shorter, and a large majority (86.3 ± 0.8) went for training no more than 2 months. Serious differences in the opinions of doctors with different experience were not revealed. Only among the group of young resuscitators (with work experience up to 5 years), in comparison with more experienced specialists, the proportion of those who believed the optimal terms of study to be 3 months or more (14.2%) was higher. The results of the research allow us to doubt the indisputability of the existing scheme of the postgraduate improvement: training for 2-3 months once in 5 years. In some cases, more frequent (based on real needs), but short-term training (up to 1 month) in new techniques, familiarization with new materials and technologies for their use will be a more expedient and effective way of maintaining the qualification.

The scientifically grounded model of the postgraduate advanced training organization of heads of resuscitation departments of multiprofile hospitals should be based on the corresponding competence needs, the study of which we aimed for a specialized survey of the indicated specialists. The survey was conducted using a 100-point analog scale, in which 0 corresponded to the complete absence of interest in upgrading of relevant competence, and 100 points were for the maximum interest. The survey took into account the clinical profile of a specialist. The highest level of interest in upgrading was revealed in the sphere of effective management: 80.1 ± 2.1 points, respectively, $p < 0.05$.

4. Discussion

The conducted study revealed a significant influence on the motivation of heads of resuscitation departments of a hospital to improve the skills of such factors as gender, work experience, financial interest, duty considerations, and career interest. The causes for the untimely advanced training have been revealed for five years, among which the constricting role of the management, family problems, high self-esteem of one's qualifications. According to the doctors, the best forms and duration of the advanced training are thematic and short-term. The need for the advanced training on management issues has been particularly highlighted.

5. Conclusion

The revealed regularities make it possible to conclude that the model of the organization of

advanced training and improvement of heads of resuscitation departments of multiprofile hospitals should take into account the possibility for the students of the advanced training courses to develop all the listed competences. First of all, they are legal and communicative competence in the sphere of effective management; second, that is competence in the field of clinical knowledge and skills. It is this value dependence in the distribution of the academic load that will most closely correspond to the real needs of heads of resuscitation departments of multiprofile hospitals, as modern mid-level health care managers.

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1. FGBOU DPO Institute of Advanced Training of FMBA of Russia, 125371, Russia, Moscow, Volokolamsk Highway, 91. E-mail: B22-B11@yandex.ru
 2. FGBOU DPO Institute of Advanced Training of FMBA of Russia, 125371, Russia, Moscow, Volokolamsk Highway, 91.
 3. FGBOU DPO Institute of Advanced Training of FMBA of Russia, 125371, Russia, Moscow, Volokolamsk Highway, 91.
 4. FGBOU DPO Institute of Advanced Training of FMBA of Russia, 125371, Russia, Moscow, Volokolamsk Highway, 91.
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Revista ESPACIOS. ISSN 0798 1015
Vol. 38 (Nº 40) Año 2017

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