

- 2012;9(6):358–362. doi:10.1111/j.1743-498X.2012.00596.x.
6. Farrell SE, Hopson LR, Wolff M, Hemphill RR, Santen SA. What's the evidence: a review of the one-minute preceptor model of clinical teaching and implications for teaching in the emergency department. *J Emerg Med.* 2016;51(3):278–283. doi:10.1016/j.jemermed.2016.05.007.
 7. Kachewar SG. Implementing one minute preceptor for effective teaching and learning among radiology residents. *Indian J Appl Radiol.* 2015;1(1):104.



Formation of Primary Care Competencies in the Ukrainian Evangelical Medical Project

Setting and Problem

Over the past 50 years, a number of residency programs have been established with medical missionary involvement in low- and middle-income countries across the globe. Current evidence supports the idea that faith-based organizations continue to play a part in health provision, especially in emerging economies and fragile health care systems.

In Ukraine, income levels are among the lowest in Europe at approximately US \$110 per month. Ukrainian family physicians have insufficient training in practical skills, holistic care, and evidence-based medicine, and less than 1% of family physicians are proficient in English. In 2017, only 3% of young physicians succeeded in passing a standardized Western-style examination.

Intervention

The Ukrainian Christian Mobile Medical Team (UCMMT) is a faith-based medical ministry that has been operating in Ukraine since 2002 under the umbrella of the international humanitarian aid organization “Hope in Action.” During this period, teams have conducted 300 outreach events across Ukraine, caring for approximately 80 000 patients.

Currently, around 200 volunteers are involved with UCMMT, including 60 physicians. Assets of the program include 3 mobile units with medical equipment, including diagnostic ultrasound, a mammogram unit, an x-ray unit, and a laboratory providing hematological and biochemical analysis.

UCMMT's priorities include assisting remote, poor, and underserved communities and caring for populations in areas affected by war and the Chernobyl nuclear accident. In collaboration with local health authorities and the Ministry of Health of Ukraine, UCMMT empowers local physicians through education and medical seminars. In addition, a curriculum has been developed to provide more formal education for team members who wish to attend educational activities on a regular basis. Assistance in the educational efforts has been provided by Radiologists without Borders, a US organization that provides radiology equipment and training to developing economies, and In His Image International, a family medicine residency in Tulsa, Oklahoma, whose leaders assist medical residencies internationally, and which recently accepted the Ukraine program into its core group of 10 residency programs the organization supports worldwide. The *International Classification of Primary Care* and the WONCA Global Standards for Postgraduate Family Medicine Education are used as curriculum resources.

Outcomes to Date

Since early 2018, 5 Ukrainian physician trainees are mastering 150 competencies in 30 areas of medical science with the goal of improving their performance on standardized tests by at least 20% compared to baseline. During outreach activities, these trainees evaluate 12 patients per day under the preceptorship of a senior physician. Problem-oriented learning and evidence-based medicine are used to facilitate professional growth. Trainees attend an average of 20 full clinic days per year, 5 hours of formal lectures and didactic activities per month, and an additional 15 hours of self-education per month.

Due to the lack of financial support, only 30% of trainees can attend all available educational activities. A more formal scholarship award is being considered to sponsor some of the most active participants. The lack of a stationary clinic and an inpatient facility remains a barrier to broader educational opportunities for trainees. The funding of the existing work is sporadic and dependent on donations and grants from individuals and organizations.

This formal education program for family medicine trainees, with support from US medical outreach efforts, has been effective in enhancing the

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professional development of a small group of physicians, with intended benefits for patient care and population health in a nation with a fragile health care system.

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Using Gamification to Understand Accreditation in Postgraduate Medical Education

Setting and Problem

Accreditation of postgraduate medical education (PGME) exists in a number of nations and requires a thorough understanding of the inherent concepts for optimal use. Ideally, accreditation entails assessment of programs against standards to benefit stakeholders, such as patients, learners, or the public. This establishes it as a social construct. Defining the elements of PGME accreditation from an international perspective is a daunting challenge, given that local context and considerations vary. The components of this complex construct can be understood effectively with “gamification.” Gamification has been beneficial in other educational areas to clarify concepts and enhance comprehension.¹ Here we offer an

accreditation consensus game to guide groups of stakeholders in international settings through the relevant questions and answering these questions through a range of strategic options.² Our gamification approach illuminates accreditation in PGME from an international perspective and highlights its social attributes.

Educational gaming in health professionals education is an emerging teaching methodology that promotes active learning environments where participants engage in activity and reflect on that activity, abstract useful insights from the analysis, and put the results to work.³ A recent systematic review found gamification often is more effective than other approaches.⁴ Participants learn from their own actions and benefit from interactions with others and the discussions that follow.⁵ Games facilitate experiences which become resources for learning. The game in this article is designed to promote critical thinking and reflection on the complex social construct of accreditation in a fun and exciting way, which in turn may increase retention. Our gamification approach builds on and adapts the framework constructed from a previous study of Dutch accreditation development (TABLE).²

Intervention

Participants are assigned to small groups and are tasked with constructing their ideal accreditation system by discussing the options presented as playing cards for each of the why, what, how, and who elements of the framework, and reaching consensus about the most appropriate option(s), while taking into account their local context and stakeholders’ perspectives. Variations of the game include playing from the perspective of different stakeholder groups (eg, administrators, clinical teachers, patients, and others) and contrasting the outcomes.

The accreditation game and the instructions to play are available as online supplemental material.

Outcomes to Date

Our aim was to use gamification to enhance insight into relevant concepts of PGME accreditation and in turn enhance the applicability and adaptability of accreditation concepts to different international contexts and stakeholder perspectives. Comparisons of the strategies that come from these different contexts and perspectives could result in new knowledge about enduring concepts across different national contexts and relevant attributes for a given situation. For example, participants from recently developed PGME education systems were most interested in quality assurance philosophies, while

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