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У збірнику представлені матеріали VII Міжнародної науково-практичної конференції «Освітні інновації: філософія, психологія, педагогіка», що розкривають теоретичні та практичні основи розвитку інноваційних процесів в освіті, особливості впровадження інформаційно-комунікаційних технологій в освіті, розвиток соціально-психологічного потенціалу особистості в умовах інноваційних змін в освіті, ретроспективний погляд на інновації в навчально-виховному процесі та управлінні, культурологічні, етнологічні та філософські засади освітніх інновацій, розвиток особистісно-професійної компетентності в умовах післядипломної освіти та вплив інноваційних процесів на управління освітою в сучасному світі та розвиток суспільства.

Конференція проводиться за ініціативою КЗ Сумський ОІППО з метою обговорення філософських, психологічних, педагогічних та управлінських проблем освітніх інновацій у контексті інформаційного розвитку суспільства

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Kulichenko Alla
(Zaporizhzhia, Sumy, Ukraine)

AMERICAN MEDICAL EDUCATION: SOME ASPECTS OF INNOVATION ACTIVITY IN THE 1980s – 1990s

У статті увагу зосереджено на деяких аспектах інноваційної діяльності у медичній освіті США впродовж 1980-х та 1990-х рр. Встановлено, що до інноваційної діяльності вищезазначеного періоду належать елективні курси на четвертому році навчання у медичних коледжах, програма «П'ятий шлях», поява регульованого медичного догляду тощо.
Ключові слова: *американська медична освіта, інноваційна діяльність, програма «П'ятий шлях», елективні курси, регульований медичний догляд.*

В статье внимание сосредоточено на некоторых аспектах инновационной деятельности в медицинском образовании США в течение 1980-х и 1990-х гг. К инновационной деятельности вышеупомянутого периода относим элективные курсы на четвертом году обучения в медицинских колледжах, программу «Пятый путь», появление регулируемого медицинского ухода и т.д.
Ключевые слова: *американское медицинское образование, инновационная деятельность, программа «Пятый путь», элективные курсы, регулируемый медицинский уход.*

The article focuses on some aspects of innovation activity in US medical education during the 1980s and 1990s. It has been found out that in the 1980s the US medical education system was well-established. The innovation activity of the mentioned period included elective courses in the fourth year of study in medical colleges, the Fifth Pathway program, the emergence of managed care, etc.
Key words: *American medical education, innovation activity, the Fifth Pathway program, elective courses, managed medical care.*

Despite the constant running innovation activity of American medical colleges within educational and management processes, research and medical education in the United States during the 1980s and 1990s had many gaps that needed to be filled in.

Thus, R. Ebert and E. Ginzberg pointed out that in the early 1980s, medical educators rationalized the long-term separation of clinical education for senior students and graduates who then would have specializations. However, they did not take into account the fact that, firstly, the same clinical teachers often taught both medical students and those who were in residencies, and secondly, medical students spent more time with residents than with teaching staff and, thirdly, each clinical discipline was focused on specialized medical knowledge. Besides, there were few physicians, sufficiently qualified, to teach medicine as a general discipline [2, p. 15]. So, there were many issues to consider. Both individual educators and working groups tried to solve them. The results of such painstaking work were new ideas, developments, inventions, etc.

Foreign researchers such as B. Barzansky, R. Ebert, E. Ginzberg, P. Jolly, K. Ludmerer, and others have paid attention to the issue of innovation activity in American medical education during the 1980s and 1990s. However, this problem is core for modern Ukrainian medical education to accumulate a better experience.

The study aims to review some aspects of innovation activity in US medical education during the 1980s and 1990s.

In the early 1980s, there was already a well-established system of American medical education (Fig. 1).

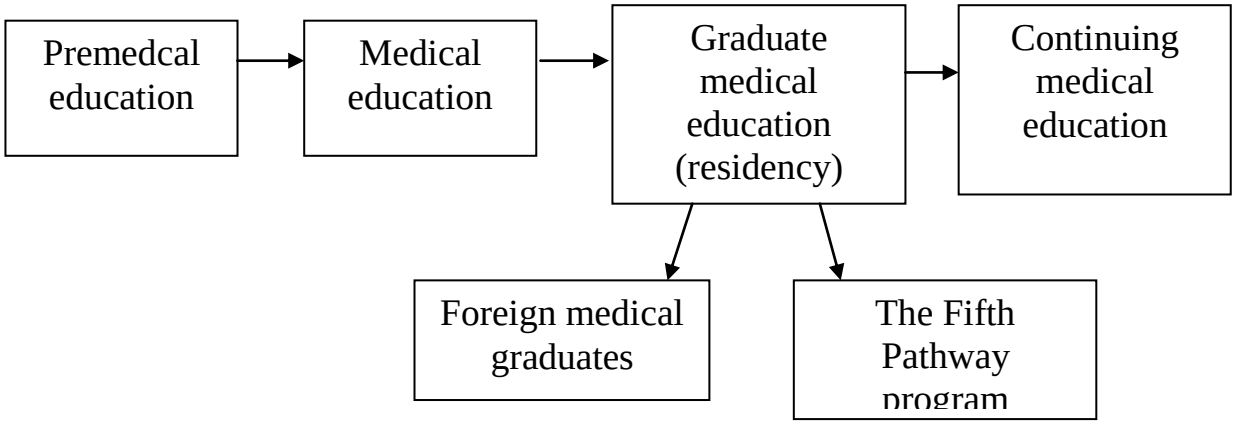

Fig. 1. System of the American medical system in the early 1980s, summarized by A. Mortimer [6]

Premedical education dealt with four years of study and getting a bachelor's degree. In 1981 – 1982, 19 colleges offered accelerated programs that combined bachelor's training and medical studies with a doctorate within six years. *Medical education* lasted four years with the award of the degree of doctor of medicine. The first two academic years covered mastering the basic sciences, the other two years considered gaining clinical experience (patient care). Besides, 58 medical colleges recommended students to take the first part of the exam at the end of the second year of study; 47 medical colleges conducted the second part of the exam (clinical knowledge test) at the end of the fourth year of study. Moreover, in 1981 – 1982, 94 medical colleges offered to combine the degree of doctor of medicine and doctor of philosophy. It should be added that in the mentioned period only medical colleges had a constant three-year curriculum, and 14 were with an optional 3-year one. Years of study in residency (*graduate medical education*) depended on the chosen specialty (3 – 7 years). Twenty-three specialized commissions certified doctors who had obtained the necessary graduate education and passed certification exams. In 1980 – 1981, 51 % of those in residency chose internal medicine, family practice, pediatrics, obstetrics, and gynecology. Special training programs were usually located in highly populated regions of the United States. There were such establishments that provided postgraduate medical education as hospitals, outpatient clinics, blood banks, and mental health institutions [6].

As for foreigners, who intended to study during residency, they had to fulfill the licensing requirements in the country where the medical college was located and pass the Education Commission for Foreign Medical Graduates exam. In 1980, 19,8 % of foreigners studied within different American residency programs. However, the number of foreign graduates who were US citizens increased and counted 4,790 residents (39,6 %). The Fifth Pathway program provided the clinical experience to American students of definite foreign medical schools who received premedical education in the United States and completed a curriculum in foreign medical schools, except for an internship year or a

component of social care, or both. The training covered courses and changes of five or six clinical specializations. Students were to take an exam created by a medical college that offered a year of such medical training. As for *continuing medical education*, each year the American Medical Association published a list of courses in JAMA. The association also introduced the Physician's Recognition Award in 1980. It encouraged physicians to participate in lifelong education and recognized those who did so [6].

Note that the fourth year of study at American medical colleges was mainly devoted to elective courses. B. Barzansky et al. decided to compare the fourth-year curriculum of the 1979 – 1980 and 1999 – 2000 academic years to determine whether there had been a change in the relative amount of time spent on elective and required experience. The results of the study showed that in the late 1990s, the amount of elective time in the fourth year decreased, and the amount of required time increased. Besides, students were more likely to participate in the best clinical practices, such as internships in medicine, surgery, neurology, etc. The total scheduled time in the fourth year decreased on average from nine to eight and a half months [1, p. 36 – 37].

Also, at that time, graduate medical education did not have its own funding, as it developed exclusively with funds received from Medicare (a social program for the elder people). In 1984, the Advisory Committee on Social Security recommended the federal government to reduce and finally stop to finance graduate medical education [2, p. 30].

In 1988, P. Jolly noted that «medical education in the United States has reached a turning point. While biomedical research and patient care activity continue to grow, the rapid increase in enrollment of medical students experienced during the last quarter-century has ended» [3, p. 144]. If to compare the 1980 – 1981 and 1985 – 1986 academic years, the total number of students in American medical colleges was 65,412 and 66,607, respectively. Also in 1986 – 1987, the percentage of female applicants was 37 % (in the early 1990s – 50 %), and female graduates – 36,4 % [3, p. 149, 153; 5].

In the 1990s, despite numerous changes, the curriculum structure of most medical colleges remained quite similar to that outlined in the Flexner Report in the early 20th century [4, p. 21].

By the 1990s, the academic health center, which included a medical college and training hospitals, had become a large and complex organization with many responsibilities in addition to education and research. In the late 1990s, a typical academic health center could have a budget of about $1,5 billion and be the largest employer. However, such a center was dependent on the policies of insurance companies and government agencies that paid the bills. During the period of managed care in the 1990s, the insufficient payments of many third-part payers began to cause significant financial difficulties [5]. R. Jones notes that «increased involvement of faculties in patient care activities has spawned the development and expansion of the faculty practice plan within academic medical centers» [4, p. 15].

As for another crucial innovation activity, in 1991, the Association of American Medical Colleges decided to make medical education accessible to various segments of society by initiating Project 3000 by 2000. The goal of this project was to attract national minorities to American medical colleges [4, p. 18].

During the 1980 and 1990s, many American reports were proposing different strategies on how to improve American medical education. R. Jones notes, «These reports reflect a remarkably broad consensus on desired changes in medical education. First is the need to improve institutional focus on medical student education. Second are the changes themselves required to prepare students to meet the demands of future medical practice. <…> Educating Medical Students, published in late 1992, suggests strategies to assist medical schools in overcoming or at least minimizing the barriers to change that have been identified» [4, p. 18].

Thus, in the 1980s, the US medical education system was well-established: from premedical education to continuing medical education in the form of various training activities. However, there were definite issues in the educational and management processes that needed to be reviewed and resolved. So, during the 1980s and 1990s, certain aspects of innovation included elective courses in the fourth year of study in medical colleges, the Fifth Pathway program, the emergence of managed care, etc.

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