

ARTIGO DE PERSPETIVA

Postgraduate Specialist Medical Training in Anaesthesiology & Intensive Care in Estonia

Programa de Formação Pós-Graduada em Anestesiologia e Medicina Intensiva na Estónia

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Afiação

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Palavras-chave

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PRECONDITIONS AND ACCEPTANCE TO ENTERING A RESIDENCY TRAINING

The prerequisite for entering residency training is a degree in medicine (from medical schools with a medical programme accepted by European Union standards) and registration as a physician at Estonian Health Board. An accepted candidate is required to be proficient (C1 level) in Estonian language.

To be accepted to the anaesthesiology residency programme, the candidate has to pass an entrance exam that takes place once a year. The evaluation process takes into account the results from previous medical studies together with on-site written and oral examination on basic knowledge on applied anatomy, pharmacology and physiology and anaesthesiology and intensive care.

MAIN PRINCIPLES OF THE CURRICULUM

The postgraduate medical training programme in Anaesthesiology and Intensive Care in Estonia has been developed according to the recommendations defined in the European Training Requirements in Anaesthesiology (ETR) by the European Board of Anaesthesiology (EBA) of the European Union of Medical Specialists (EUMS) and recommendations defined by the European Society of Anaesthesiologists and Intensive care (ESAIC) and European Society of Intensive Care Medicine (ESICM). Postgraduate medical training in anaesthesiology and intensive care is supervised and regulated by the Anaesthesiology and Intensive Care Clinic at the University of Tartu and carried out in academic and non-academic hospitals across Estonia. The duration of anaesthesiology and intensive care residency training is currently 5 years. During the first year, all residents

will learn and practice anaesthesia at Tartu University Hospital. Starting from the second year every resident will have an individual training programme including all subspecialties. In general, the programme consists of anaesthesia and intensive care modules (each 15 months), paediatric anaesthesia and intensive care (5 months), acute and chronic pain medicine and palliative care (3 months), emergency medicine (2 months), practical skill modules focusing on echocardiography, radiology, bronchoscopy (each 1 month). Most of the postgraduate training is carried out in tertiary care hospitals, but practice in general hospitals is also required to a lesser extent. All residents are also entitled to training in cardiac surgery operating theater and intensive care settings. The postgraduate specialist programme has been revised and updated lately reflecting the need for competence-based development, including thorough descriptions of expected competencies in clinical fields categorized to domains and competence levels.

Defining expected competences will guide and help the developing specialist and trainers toward clearer and more focused learning objectives. The programme is still in development, for example, the assessment and evaluation protocols need to be changed accordingly and the whole process implemented taking into account the needs and requirements of all stakeholders. Simulation training is a crucial part of postgraduate training and is carried out in a dedicated simulation center at the Tartu University Hospital and to a lesser extent also in other hospitals. Residents will demonstrate their practical skills and application of non-technical skills once a year. In addition to developing practical professional skills also theoretical courses are organized throughout residency. The theoretical programme covers a broad spectrum of topics and is highly valued by residents.

During the first year, 2-hour seminars are carried out weekly, and during 2-5th year 2-3 full day seminars take place monthly. In addition, residents have to participate in

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courses (e.g. CEEA refresher courses), conferences (national and international), everyday clinical rounds and educate themselves with the help of scientific literature.

Residents are encouraged to actively participate in scientific work, which is reflected in co-authored review articles and updated guidelines as well as clinical studies in national medicine journals.

EVALUATION AND GRADUATION

Residents are obliged to record and analyse personal anaesthesiology practice in a logbook (e.g. number of performed anaesthetic cases and procedures; problems, near misses and complications; treated ICU patients etc).

The logbook will be assessed and verified by the tutor at the end of every residency module. Log-book and tutor reports are reviewed on a regular basis by the director of the residency at the University of Tartu and are the basis to grant residents' progress to the next year. To be more specific, the acquired knowledge will be assessed after 2nd year of residency as a written exam with MCQs and evaluation at skill stations.

Residents can compare their knowledge with European standards through ESAIC On-Line Assessment. The performance of clinical skills together with non-technical skills will be evaluated in a simulation setting. The final examination completing residency training consists of oral clinical vivas and is given in front of a committee, whose members are leading professionals of the specialty from different hospitals across Estonia. If passed, the resident will be granted the title of a medical specialist in Anaesthesiology. European Diploma of Anaesthesiology and Intensive Care (EDAIC) is appreciated but voluntary for residents. EDAIC diploma does not replace the national examination. Starting in 2024, Estonia will serve as the EDAIC part I examination center.

RECERTIFICATION PROCESS FOR SPECIALISTS

Continuous medical and professional development is highly valued among anaesthesiologists and endorsed by the Estonian Society of Anaesthesiologist. After graduation specialists will be acknowledged as certified anaesthesiologists for 5 years after which recertification is recommended. Although the specialist certification is not mandatory and anaesthesiologists are allowed to continue practicing, it is promoted among employers. Regarding the requirements for recertification, the specialist is assessed based on characteristics reflecting practice and acquired educational events (CME credits). Full-time working specialists are expected to perform 400 anaesthetic cases or 600 anaesthesia hours annually or work in an intensive care unit. Also, the specialists are required to present a self-assessment reflecting on complications. If existent, medical errors are taken into account in the evaluation process.

With respect to continuous medical education, it is

recommended to attend 60-80 hours of educational events yearly and gain 300 CME credits in a 5 year perspective.

FUTURE CHALLENGES

The curriculum faces some important challenges soon.

As noted before, the main focus will be on the implementation of competency-based medical training. The implementation process will have to address questions of how competences will be assessed and how the individual training programme could be dynamically changed in respect.

This implementation process might elicit new challenges regarding protected time for trainers, which in turn is coupled with increasing needs for financial resources. Secondly, currently, the EDAIC diploma is voluntary for residents and specialists.

Also, contrary to other European countries, EDAIC diploma does not replace the final national exam. This might have had an impact on the low number of EDAIC candidates in Estonia and therefore this process needs to be re-evaluated.

Finally, supporting continuous medical and professional development among anaesthesiologist will remain a priority and continuous challenge for the Estonian Society of Anaesthesiologist. The society together with employers will continue to endorse recertification.

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RK, JK: Conception, design, writing, supervision and critical revision of the manuscript

All the authors contributed equally to the design and writing of the manuscript. All approved the final version to be published

RK, JK: Conceção, desenho, redação, supervisão e revisão crítica do manuscrito

Todos os autores contribuíram de igual forma para o desenho e escrita do manuscrito. Todos aprovaram a versão final a ser publicada

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