EDUCATIONAL SUPREMATISM: FRAMELESS SPACE IN EDUCATION

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Summary. Objective. To improve the training programs for psychiatry interns.

Materials. The bibliographic method and the structural-logical analysis method were used. The systematic approach was the methodological basis.

Results. In order to help document the multidimensional achievements of interns in 2021, an experimental version of an educational portfolio was introduced at the department meeting. The portfolio consists of a title page and four appendices (information on scientific research activity, lecture attendance, organizational practice and work as part of a multidisciplinary team at a medical institution). Each intern is required to document their own achievements, which can be confirmed by signatures of lecturers, certificates, testimonials from practice supervisors, publications, etc.

Conclusion. During the implementation process, we have substantiated the methodological foundations of the "Portfolio" technology, described the advantages and disadvantages of this method.

Keywords: educational portfolio, interns, higher education seekers, educational implementation.

Introduction. Despite the rapid development of technology in medicine, the accumulation of new knowledge about diseases, about biological processes in the human body, medical education remains the most conservative compared to other fields of science. The field of education is extremely competitive these days, and there is a struggle for the best minds of young Ukrainians. We, as educators and citizens, are primarily interested in the most intelligent, most worthy students choosing the medical field.

The future of Ukrainian medical education is now in our hands. It depends on the decisions we make today what kind of doctors and scientists we will see in 5-10-20 years, so it is very important to focus on what the educational process is filled with, instead of trying to adapt the old system to a new form. The challenge that now stands before us is to find the courage and bravery to reject the old, outdated system
of education, built on the principle of collective irresponsibility. The world tends towards a system that gives the learner much more tools for more directed, conscious, comfortable consumption of knowledge in terms of pace, speed, and duration. And here we are talking not so much about problematic learning, when the structure of comprehensive/multidisciplinary study of some issue is chosen for the educational process, but about the position of the student in relation to the process. So, in the case of a strictly structured curriculum, this position is passive and involves the acquisition of the information flow that is provided by the schedule/plan and does not allow influencing this process. The opposite of this position is an active position, when the student himself determines which subjects he wants to study in what order and has the opportunity to individually build a schedule of the educational process.

The ability to freely choose inevitably leads to the need to choose. The advantages of such an approach lie in a significantly higher level of responsibility for the learning process on the part of the student, a higher level of motivation and understanding of their role, as well as the inevitability of the need to acquire certain knowledge. An active position in learning promotes the development of self-organization skills, discipline, and allows for the smooth filtering out of people who do not demonstrate such abilities. Of course, to implement such ideas, a clear and fair evaluation structure is needed, and a high level of trust in the people who will implement such an approach, because it should be guided not so much by rules as by principles.

Seeing the high potential and benefits of proactive learning, we have decided to implement its elements into the educational process in our department. The position of higher education institutions towards the learner is often seen as a form where you need to place the material and bring it in line with the standards, when in fact, they should be a set of tools from which the learner has the opportunity to create their own individual form.

The modernization of education is aimed at bringing the entire learning process from the goal to the result in accordance with the demands of modern times. Equally important is the consideration of this result not only in the form of traditional evaluation, but also in the form of a document that records the creative successes (personal achievements) of an intern doctor.

The future doctor, who will soon have to take responsibility for their activities in the context of working with patients, needs to be able to adequately evaluate their knowledge, skills, and abilities. One of the technologies that contribute to the formation of the necessary reflective skills, i.e., self-observation, is a portfolio.

Therefore, the question arises: how was the conceptual portfolio of an intern doctor formed and how can such a technique be useful?

Objective: To systematize and improve educational programs for psychiatry interns and students studying at the Department of Psychiatry, Narcoology, and Medical Psychology at the Ternopil National Medical University, taking into account the need for the development of high-quality personal self-reflection skills in future doctors.

Materials and Methods: The study utilized a bibliographic method and a method of structural-logical analysis. The systematic approach was the methodical basis.
Results and Discussion: After analysing the available literature, we found that the international community considers a portfolio as an organized collection of materials gathered for a specific purpose [1]. If we view the concept of “portfolio” as more than just a complex of documents or a collection of materials, then we can say that this method is an effective means of objectively accounting for and reflexively accumulating one’s personal competencies, ability to compete in the job market, and prospective professional and creative growth.

We believe that an intern’s portfolio is a tool for self-evaluation of the cognitive work of a future specialist, reflection on their personal activities, self-control, and self-assessment of their achievements, analysis, argumentation, and planning for further actions and decisions, and as a result – the development and control of personal success (or belief in personal success). This is a kind of educational suprematism, the main goal of which is to seek harmony in generalizing educational achievements.

Currently, in higher education medical institutions in Ukraine, formation of portfolios for students and postgraduate students is almost not practiced. The main task of working on portfolio filling is to realize from the first days of enrolment in a higher education institution or internship that the student or postgraduate student is responsible for their future. If all the activities of the student are recorded in the portfolio, we believe that this will stimulate the development of thinking, creative abilities, high achievements in the educational process, participation in the public life of the institution and the country. The interest in the portfolio is also increased by the fact that it is used in some medical institutions during employment. Its advantages over traditional control methods lie in the fact that the portfolio is a real method of self-organization, self-discovery, self-assessment, self-development, and self-presentation of the individual both in higher education institutions and in the professional business environment.

Psychologists and educators recognize the urgent need for the creation and implementation of a personalized approach to education as one of the principles of organizing educational work [2]. A radical change in the educational goal reorients the learning process towards the individual. This form of learning organization involves moderating the process based on deep respect for the student’s personality, taking into account the peculiarities of individual development, treating them as a conscious responsible subject of educational interaction, and transferring responsibility for their professional development to them.

The principles of the portfolio technology have been formulated by scientists as self-assessment of results, systematic and regular self-monitoring. We agree with this view and identify the following principles of this method:

- purpose and motivation (defining the goals and tasks of creating the portfolio, aligning the objectives, and recognizing the need for learning activities by the subjects of the educational process);
- systematic approach (the tasks should be part of an objective assessment of the intern’s abilities, planning and achieving higher results);
- correspondence (the goals and tasks should be in line with the structure of the portfolio);
- heterogeneity (the portfolio should have a diverse structure with tasks of different forms);
- scientific justification and objective evaluation (the selection of samples for the implementation of the portfolio technology of different purposes – individual, university, national).

In our opinion, the portfolio of a medical intern is not only an effective form of self-assessment of future doctors' educational achievements but also stimulates learning, acquiring experience for business competition, justifying the implementation of self-education and professional competencies development, and evaluating personal abilities.

During the review of the literature and the analysis of the experience of implementing educational portfolios, we identified the following functions of this method [2]:

1. Diagnostic – records the real state, changes, and growth of the intern's learning outcomes.
2. Predictive – identifies the strategy and tactics of developing professional competencies.
3. Management – influences the goals, information, forecasts, decisions, organization, and implementation of knowledge and skills.
4. Organizational – organizes the conditions for creating a portfolio.
5. Informational – creates a credible database of information regarding learning outcomes.
6. Analytical – involves the selection and processing of credible information on the intern's learning outcomes.
7. Rating – shows the range of skills and abilities of the future doctor.
8. Motivation – stimulates interns to achieve learning outcomes.
9. Content – shows the mastery of fundamental concepts, principles, and laws and reveals the entire spectrum of intern's work.
10. Developmental – ensures continuity of the learning process and the development of thinking and communication skills.
11. Adaptation – minimizes the negative consequences of the existing system of trainee development and facilitates their adaptation to society and the acquisition of business competitiveness skills.

According to the experience of the global scientific community, the pedagogical idea of a portfolio assumes [3]:

a) a shift in focus from the shortcomings of knowledge and skills of interns to specific achievements in the indicated topic, section, or subject;

b) integration of quantitative and qualitative assessments;

c) development of the intern's communicative abilities;

d) predominance of self-assessment regarding external evaluation.

During our research, the question arose: what should the portfolio of an intern studying in the "Psychiatry" specialty consist of? It should record the multifaceted achievements of the intern, both personal and those that correspond to the necessary competencies of a psychiatrist. In 2021, the Department of Psychiatry, Narcology, and Medical Psychology made a decision to introduce an experimental version of an educational portfolio for interns studying at the department.

Our developed portfolio consists of a title page that contains basic information about the intern's higher education and fields for indicating the trainee's personal
achievements (where it is recommended to list additional specialized education, thematic courses, and other informal training that the intern has undergone for personal development).

The first appendix of the portfolio includes information about the intern’s scientific and research activity and is divided into three parts:

1. Participation in the work of a scientific circle (for admission to the final exam, an intern doctor must attend at least 5 meetings of this initiative).

2. Participation in Ukrainian and international scientific and practical conferences, congresses, forums, interdisciplinary meetings (during the intern's training period, it is proposed to attend at least 5 scientific and practical events and certify participation with a copy of the certificate with the corresponding number).

3. Individual scientific research of the intern doctor (for admission to the final exam during the training period, the applicant must complete at least one scientific research and present its results at the Congress of Students and Young Scientists).

This appendix emphasizes the intern’s need for continuous education and evidence-based interaction in patient relationships. At the same time, the freedom to choose the vector of scientific activity and the sphere of personal preferences motivates the intern to work more enthusiastically and perform the proposed minimum portfolio.

The second appendix contains information about attending lectures. For admission to the final exam, an intern must additionally attend 9 thematic lectures, which are offered to higher education students and summarize the current working program. The following topics are included: “The subject and objectives of psychiatry and narcology. The history of the development and the current state of psychiatry. Classification of mental disorders and illnesses”, “Disorders of thinking, intelligence. Disorders of the motor-volitional sphere, disorders of impulses. Disorders of the emotional sphere”, “Disorders of consciousness. Basic psychopathological syndromes”, “Mental disorders in exogenous brain damage. Mental disorders in vascular brain damage”, “Medical and social problems of psychoactive substance use”, “Post-traumatic stress disorder”, “Acute and prolonged reactive psychoses. Psychiatry of disasters and natural disasters. Problems of ecological psychiatry”, “Schizophrenia. Basic hypotheses of pathogenesis. Clinical forms and course types. General principles of schizophrenia treatment”, “Affective disorders. Masked depression”, “Epilepsy. Etiology and pathogenesis. Classification. Epileptic psychoses. Personality changes in patients with epilepsy.” The attending physician-intern should confirm attendance of the lectures by the lecturer's signature in the specified record. This practice is necessary for trainees to review the basic theoretical information, identify possible gaps in their own knowledge, and plan further directions for studying psychiatry.

The third appendix contains information on organizational and educational work, which includes moderation and participation in educational, creative, and charitable events (for admission to the final exam, the physician-intern must actively participate in 3 thematic events with the department team). This item is important for developing creativity, original thinking, and organizational skills of future doctors; because during practical activities, these skills may be critically necessary in non-standard clinical cases.
In the fourth appendix, interns fill out a form about their work as part of a multidisciplinary team based in a healthcare facility. They record the psychotherapeutic interventions provided to patients in the wards, such as art therapy sessions, Mindfulness meditation practices, psychoeducational meetings, group work using techniques such as “Metaphorical Associative Cards,” and more. To be eligible to take the final exam, interns must participate in at least 10 meetings of the multidisciplinary team during their training period. The organized activity must be confirmed with signatures from the supervisors of the wards where the intern was trained. This appendix is relevant in that it emphasizes the psychotherapeutic support, allowing future psychiatrists to develop skills in non-pharmacological treatment and rehabilitation of patients with relevant pathologies. This will give them an idea of various additional methods of influence and make them more competitive mental health professionals.

The final section of the portfolio contains a list of recommended literature, which is limited to 20 textbooks (allowing the intern to thoroughly familiarize themselves with the necessary theoretical information during the training period). The list includes fundamental works on psychiatry, psychotherapy, psychology, child psychiatry, addiction medicine, forensic psychiatry, sexology, and other professionally important areas.

Each achievement of the intern must be documented and confirmed. Supporting documents may include signatures of teachers, examination records, certificates, diplomas, reviews from practice supervisors (trainers), publications etc.

Implementing something new always brings difficulties. Research has shown that the teacher must be prepared to address the following issues when using a portfolio:

• the need to promote a friendly psychological atmosphere in relationships within the group and with the teachers;
• searching for new pedagogical technologies that would interest interns;
• working on individual and creative tasks of interns for their complete assimilation and performance;
• taking personal responsibility for the success of the interns’ educational activities;
• spending more time on checking, coordinating, diagnosing, analysing the work of interns.

Conclusion. Thus, by clarifying the concept, formulating the principles, defining the functions, content, educational significance, and pedagogical idea, the technology of "Intern Portfolio" was substantiated, and it was shown that using it, the teacher will receive qualitative information about the personal learning process of the trainee, while the intern will acquire skills for self-analysis of their activities. These are just some of the possibilities of a portfolio. Using this technology, each participant in the educational process will discover more opportunities for professional growth and personal achievements.

Perspectives for further research. Our observations on the participation of intern doctors in the work of a student scientific circle lead us to the idea of the need to develop their leadership qualities within this initiative, so we plan to partially delegate to them the responsibilities of moderating the psychiatric circle. Also, one
of the weak points in the existing portfolio is the need to attend a certain number of conferences, so instead, we want to encourage interns to gain a certain number of points for continuous professional development (system which we use for postgraduate education in Ukraine).

Postgraduate training of medical interns undergoes significant changes due to the modern demands for future doctors and the need for highly qualified, competitive specialists who possess critical thinking, leadership, and organizational skills. Further individual specialized training in various related fields to psychiatry will allow interns to work more effectively during their future independent practice and provide necessary qualified assistance to their patients in the future.

References: