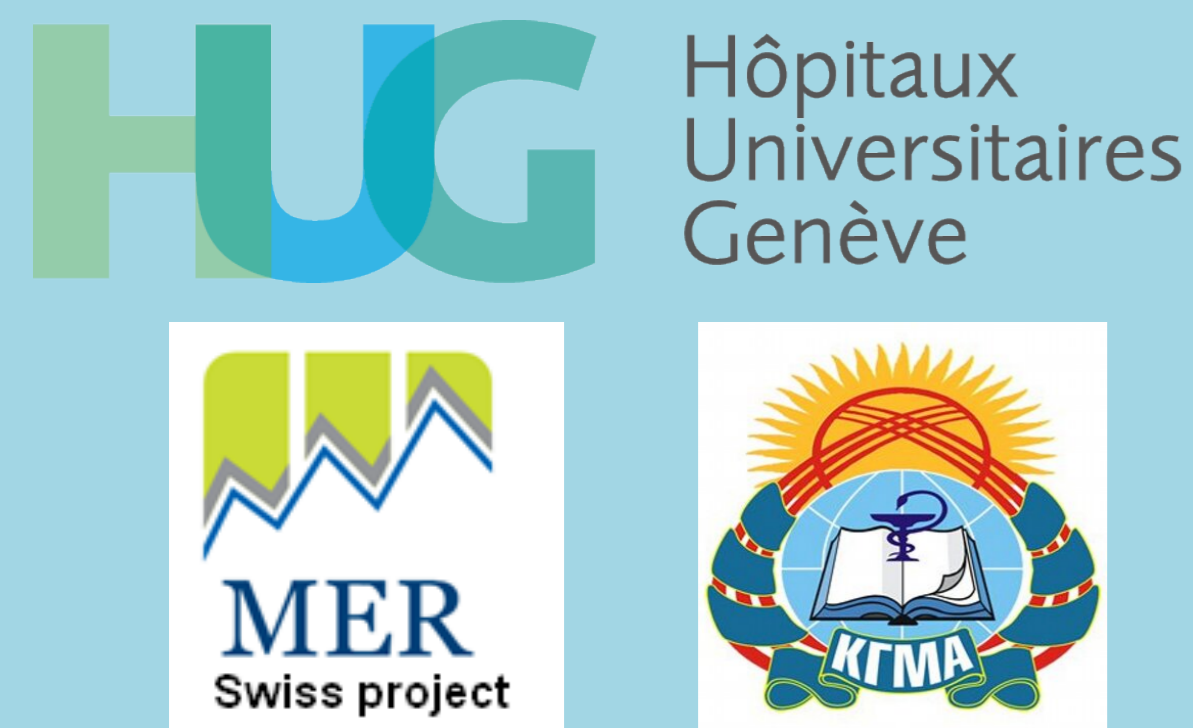


# Exploring professional identification with family medicine among medical students in the Kyrgyz Republic



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## Introduction

The Kyrgyz Republic is facing a high **shortage of health workers**, in particular primary health care facilities in rural area struggle to attract and retain family medicine (FM) doctors. In order to respond to this shortage, the Ministry of Health has made a key priority promotion of family medicine. A medical education reform (**MER project**) was initiated to improve the quality of newly trained doctors to respond better to the health needs of the Kyrgyz population; in which the Geneva University Hospitals and the Unit of Development and Research in Medical Education have been providing technical support since **2008**. The MERproject is funded by the Swiss Agency for Development and Cooperation (SDC). Despite knowing that health systems with a strong primary care basis improve overall health outcomes within a population, we still don't know how to stop this trend of declining interest and shortage of family doctors. What can the students tell us about the situation?



## Objective

Examine **students' views** on Family Medicine (FM) and its dynamics over the course of medical training and shed light on the global trend of declining interest and shortage of FM doctors:

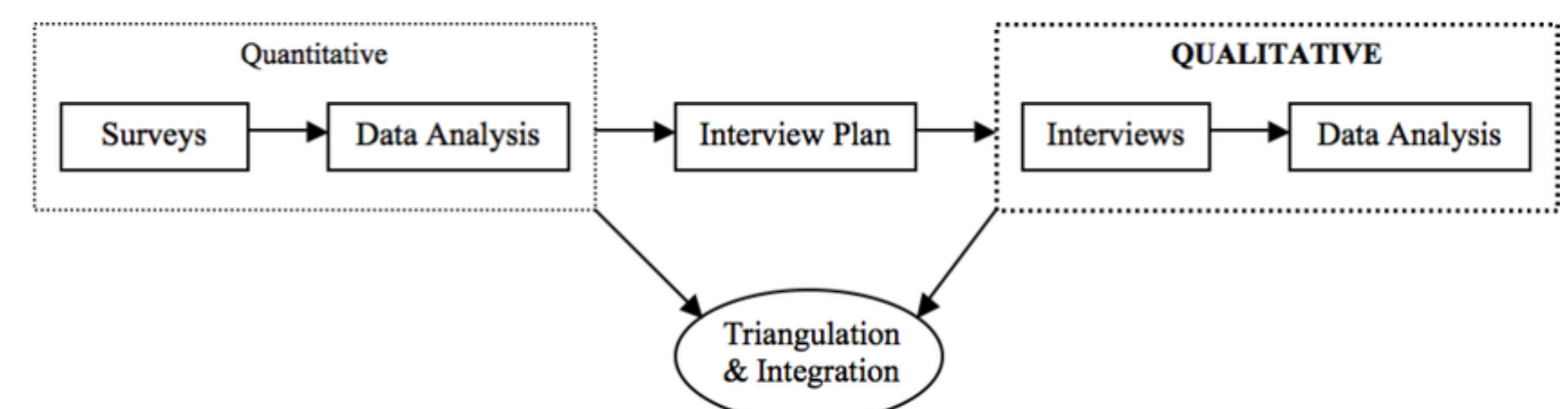
1. What is the perception of (Kyrgyz) medical students regarding the practice of family medicine?
2. Does this perception differ during the course (beginning vs end) of the pre-grad medical training?
3. What factors, including the academic discourse, influence their decision to choose or avoid family medicine as a career?

## Methods

The study consisted in an **explanatory sequential mixed-methods design**, which involved two consecutive and interrelated phases.

- 1) **A quantitative survey** to explore students' perception through at three key moments; (year 1, start of the pre-clinical teaching; year 4, between pre-clinical and clinical teaching; year 6, fully clinical teaching). Analysed as descriptive statistics
- 2) **Focus groups** used in qualitative methods to assist in interpreting the findings of the first phase. Thematic content analysis was carried out with MAXQDA software.

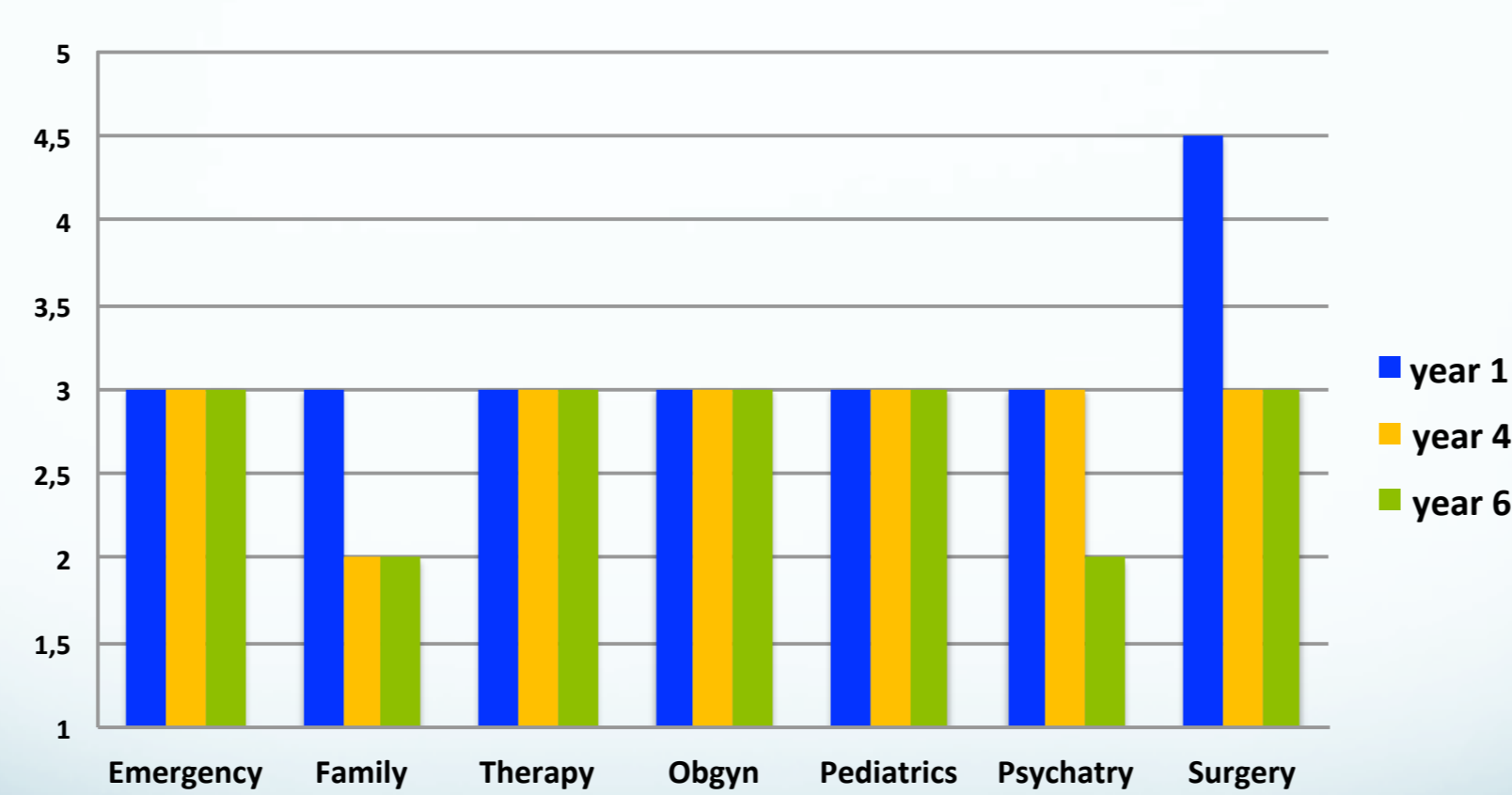
The location of the study is the Kyrgyz State Medical Academy (KSMA), the main faculty of medicine in Kyrgyzstan, in Bishkek.



## Results

General information about Participants to the survey					
Study year	Nber of registered students	Nber Survey completed	Female	Government Subsidized	From the city
Year 1	400	270 (67.5%)	64%	60%	66%
Year 4	559	368 (65.8%)	61%	51%	63%
Year 6	490	315 (64.3%)	63%	34%	58%
<b>Total</b>	<b>1449</b>	<b>953 (66%)</b>	<b>598 (63%)</b>	<b>47%</b>	<b>597 (63%)</b>

Choice of specialty  
Motivation in working in each of the following specialties after your studies? (median)



FM interest is moderate and even declining over the years  
Scale: 1 = not interested at all - 3 = neither interested nor uninterested - 5 = very interested

## Factors influencing FM choice

### 5. Curriculum reform

"Training of the staff. They absolutely do not know who FM doctors are, they just say that we study according to the Bologna system and at the end of studying we will be FM doctors, [...] Starting from the first year it is necessary to explain"

### 1. Prestige

"We often hear: 'He's the son of this surgeon', but never: 'He's the son of a family doctor.'"

### 2. Social exclusion

"...the profession of a FM doctor is not popular today. First, because of low wages and second in rural area nobody knows what a family doctor is."

"...there are very bad working conditions"

### 4. Academic discourse

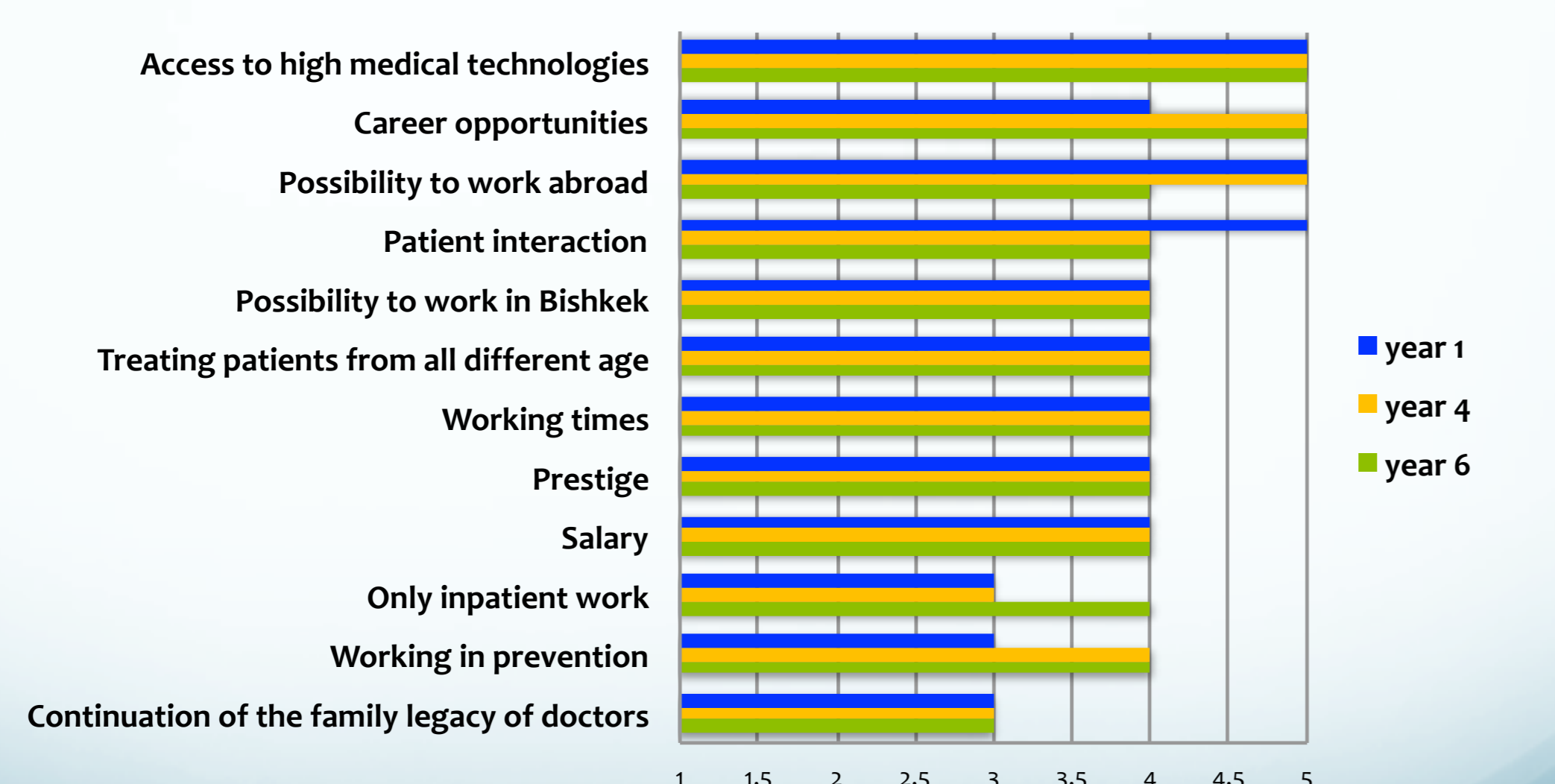
"Our teachers tell us that our new educational system is weak. Thus they put us off becoming a family doctor. They set us against being an FM doctor"

### 3. Knowledge and skills

"FM doctor is the most difficult specialty, because of the great scope of work"

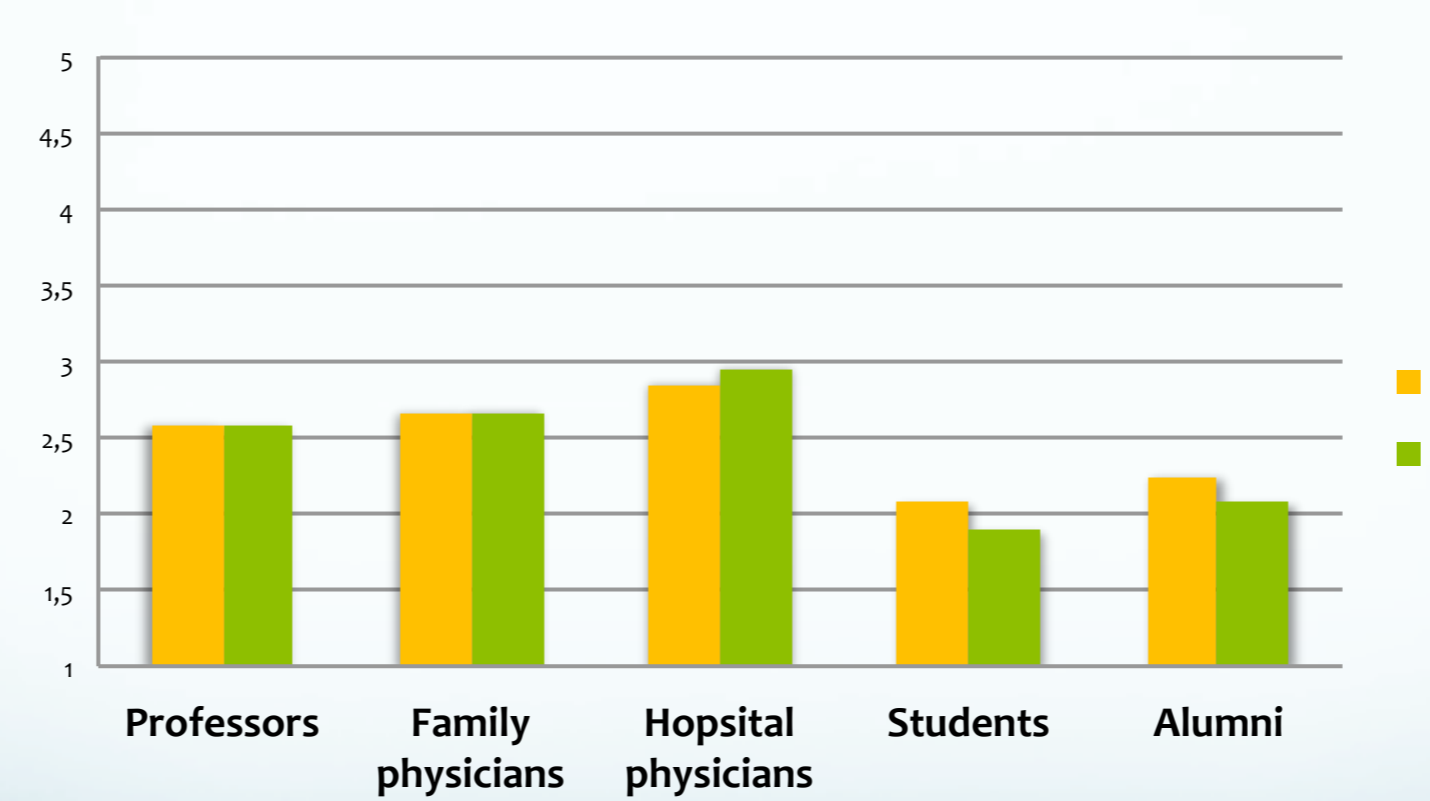
"...there is no perspective for development, and it's hard to update professionally."

Choice of specialty  
Influencing factors on the specialty choice (median)



Access to high medical technologies and career opportunities ranked highest as important factors  
Scale: 1 = not important at all, 3 = neither important nor unimportant, 5 = very important

Image of FM  
Comments about FM while studying at KSMA (mean)



The comments were more negative than positive  
Scale: 1 = very negative, 3 = neutral, 5 = very positive

## Take home message

1. FM was described as a very difficult and complex profession, demanding a lot of knowledge coupled with low wages and poor working conditions, especially in rural areas.
2. Kyrgyz medical students negatively perceived the specialty and profession of family medicine doctor and found it unattractive.
3. First year students reported to be better informed about the curriculum and the objectives of the medical education reform and were more interested about FM than 4th and 6th years students.
4. The academic discourse was identified as an influential factor; more information and support from the Professors would be required.
5. A strategy to promote FM to respond to Kirghizstan needs should be developed within the KSMA and at the National level

