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Internships of highly skilled medical  
professionals and ways of their professional  
development between Russia and Finland

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ABSTRACT

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The goal of this paper is to study the collaboration possibilities between Russia and Finland in the field of professional training of highly-skilled medical professionals.

With this objective in mind, the contemporary collaboration between Russia and Finland in medicine is being analyzed. As a result, it has been established that this collaboration is rather poorly organized today and is limited to separate internships and visits of Russian doctors to the Finnish hospitals. At the same time, such collaboration seems to be quite promising due to the highly developed healthcare system and the training system for medical staff in Finland.

At the next stage of this research, the possibility of implementing this collaboration between Russia and Finland in the field of training medical professionals is studied. It has been demonstrated that Russian doctors are highly interested in foreign internships and are willing to satisfy all requirements of the host party. However, insufficient knowledge of the English language proved to be the main obstacle. At the end of this research stage, a group of Russian doctors has been formed, who were ready to have a business-visit to hospitals in Finland.

As a result of the undertaken research, certain suggestions have been elaborated on establishing and extending collaboration between Russia and Finland in the field of professional training of highly-skilled medical professionals. Mentioned suggestions include the methods of selection of most suitable candidates for professional trainings and the developed proposals for internships' content. Elaborated suggestions also include recommendation for preparation stage and guidance stage during the process of internship, system of Russian specialists' evaluation after their internship in Finland is completed.

Key words: Internships, doctors, Russia, Finland.

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## **1. Introduction**

### **1.1 Background**

In any country the most important component of the health system is medical personnel. The quality and the efficiency of medical care to a great extent depends on the level of population's provision with doctors, nurses and medical staff, their training and personal skills. The professional level and the quality of medical and pharmaceutical staff training is the main resource of health care, which has a great impact on the future prospects of the health system.

In this regard, the need for new programs development and organization of special trainings for teachers in health care sector become obvious. Today's realities require permanent self-cultivation and getting new knowledge and skills from health-care professionals, especially from the doctors. Internship in leading foreign universities, medical centers and clinics is an efficient way of education and self-improvement.

Internship is a trial, which is done in order to acquire work experience. In this study professional training is understood to be the same as an internship. It could also be training within a determined trial period, which is done in order to find out whether a specialist fulfills certain requirements for a particular job. Internship is a form of professional development and it includes studying process for the employee while working. It can be one of the components of post-graduate education, along with retraining and specialization. Duration of the internship is determined depending on the purpose and business need. Nowadays it's also possible to do such professional trainings abroad.

Internship is especially important for Russia and the CIS countries, since it is obvious that health care systems in these countries and other foreign countries significantly differ. Both systems have their advantages and disadvantages. At the same time, Western medicine principles widely integrate into the post-Soviet health care system. They break stereotypes, rearrange and reorganize its structure according to the new requirements dictated by the scientific progress in the field of medicine, and the globalization processes. In order to effectively integrate into the international health care community and to put national health care system on the adequate level, it is necessary to start with education, open new possibilities. It's also important to introduce actual corresponding specialties, establish cooperation with foreign medical institutions for the exchange of students, practitioners and research associates.

The internship abroad should be encouraged and attract more and more people interested in it, because it would help to re-evaluate, compare and contrast many aspects of health care delivery and motivate the professionals to improve its quality. In addition it is important to adopt and implement only the positive aspects of foreign medicine, which would remove shortcomings of national health care and minimize the differences between the post-Soviet and Western medicine. The experience of education abroad makes invaluable contribution towards improving national health care system and increases professional mentality level of the specialists. In its turn, it contributes to the development of national health care for Russia.

The development of cooperation with Finland in the field of medicine is of a special interest for Russian doctors. This country, which is bordering directly with Russia, has accurate, modern efficient health care system. Caring for the health of the nation has always been and remains to be one of the most important priorities of state policy in Finland. While the general level of medicine development in Finland is rather high, we should emphasize the achievements of the Finnish physicians in such areas as oncology, cardiology, plastic surgery, neurology, urology, orthopedics and rehabilitation, treatment of infertility, diseases of the musculoskeletal system, and allergic pathology.

However, the organization of cooperation between Russia and Finland in this field faces a number of problems. For example, Russian professionals, going to study abroad usually find themselves in another world with modern technologies. They learn about the unknown methods of patients examination and treatment, feel stiffness and inefficiency of the domestic approaches to the diagnosis and treatment of certain nosologies. Moreover, there are language barrier problems, differences in the doctor-patient communication models and legal aspects of health care delivery, etc. In this regard, the research on the problems connected with highly qualified medical specialists training abroad and the ways of the development of such contacts between Russia and Finland, is actually very significant.

## **1.2 Research objectives, questions, theoretical framework and scope**

The aim of this thesis is to investigate the similarities and differences between Russian and Finnish medical educational systems in order to find theory and previous studies about the subject.

The main objective is to evaluate the possibilities of cooperation between Russia and Finland in the field of professional trainings for highly skilled medical specialists.

Research questions are the following:

1. What is the current state of the cooperation between Finland and Russia in the field of medicine like?
2. How to develop, expand and organize the practical realization of the cooperation between Finland and Russia in the field of professional trainings for highly skilled medical specialists?

There are four main concepts that are theoretically discussed in this thesis, they are referred to development level of the health system in Finland, medical education system in Finland, medical staff training system in Russia and internships as a form of professional development.

The scope of this thesis is to focus on the internships of highly skilled medical specialists and cooperation in the field of professional trainings between Russia and Finland.

### **1.3 Research approach and methods**

The main methodological approach to the research is qualitative method of analysis, since it allows for combining different types of data collection: previous researches, practice grounded by theory, interviews and group discussions, professional surveys, various texts, articles and other materials.

The following scientific and general research methods are applied: content analyze, interviews and group discussions.

Content analysis is a special rigorous method of qualitative and quantitative content analysis in order to detect or measure the facts and trends reflected in studied documents. In this research, content analysis is used as a support and control method, in particular, it is used in the classification of the responses to the open questions of the questionnaire (Gritsanov, Abushenko, Evelkin *Sociology: An Encyclopedia* // Minsk, 2003, p.411).

Interviewing is a method of obtaining information during oral direct communication. In this research, two types of interview questions are used. First type is short answer questions and the second type is an open answer. The questions are recorded and analyzed to specific criteria. Based on brief screening process, the most suitable medical candidates for this research are selected in order to conduct a more detailed interview. Those individual interviews are provided in order to study their professional needs, as well as wishes for and an opportunity for international cooperation in the field of medical training (Gritsanov, Abushenko, Evelkin *Sociology: An Encyclopedia* // Minsk, 2003, p.411).



Group discussion is a tool for data collection by gathering the opinions of individuals in a group situation, and, on the other hand, this tool also determines the informal opinions of the group. In both cases, this method provides a huge number of participants' opinions and therefore the thematic depth of information. This tool gives the opportunity to recreate within the research situation everyday reality, which encourages participants of research process to interact with each other. In this study, group discussions are used both in Finland and Russia between health care administrative managers and doctors. Mainly, such discussions took place during business visits of Russian doctors to Finnish hospitals (Levinson A. Open discussion groups as a method of applied social studies // Herald of public opinion- 2007. - № 6. – P.12-13).

Since the main subject of this study has not been studied widely before, main source of gathering information will be interviews with highly professional doctors from Finland and Russia. Based on group discussions and interviews, the conclusion about ways of cooperation development in studied field between Russia and Finland will be carried out, as well as some vital recommendations.

In total, the study involved 400 doctors and administrative medical professionals. Specifically, 350 Russian people were interviewed and surveyed, and in Finland 50 top clinical management people were selected to participate in the study.

#### **1.4 Thesis structure**

The graduation thesis consists of the introduction, 5 chapters, the conclusion, bibliography and Appendixes.

The aim of first chapter is to provide an introduction to the research presented in this thesis. The beginning of this chapter focuses on general research background information. Further, research objectives and research questions are discussed. Finally, this chapter describes research methods, theoretical framework and thesis structure.

The aim of second chapter is to provide an overview to Finnish and Russian medical education system. The beginning of this chapter focuses on description of Health Care system in Finland. Further, Medical education systems in Russia and Finland are discussed. Finally, this chapter describes internship as a tool for effective educational program for professionals.

The aim of third chapter is to provide a description to research content, approach and research execution. The beginning of this chapter focuses on current state of cooperation between Russia

and Finland in the field of medical professional trainings. Further, organization of research process as well as characteristics of researched group is described.

The aim of fourth chapter is to demonstrate the results and findings of the research. The beginning of this chapter focuses on results of the questionnaire survey of doctors. Further, results of the doctors' interviews are presented. Finally, the suggestions for establishment and development of cooperation between Russia and Finland in the field of professional trainings for highly skilled medical professionals are described.

The aim of fifth chapter is to overview the main steps of thesis work and its results and findings.

The total amount of graduation thesis is 73 pages. The work contains 14 figures, 3 tables, 2 Appendixes. Bibliography contains 48 titles.

## **2 Overview of Finnish Health Care System and of medical education in Finland and Russia**

### **2.1 Health Care System in Finland**

Finland's health care system is characterized by highly qualified medical staff, excellent technical equipment, unique technologies and methods, careful attention to the patient and the highest level of hygiene in medical establishments. The quality of health service in Finland exceeds the quality of health services in other countries members of the Organization for economic cooperation and development (OECD) by several parameters. The national health care system fully provides the country with an extensively branched network of high-quality medical services. (Finzdrav recommends // St. Petersburg bulletin. – 02.11.2012. – issue 212).

The health care system in Finland is based on municipalities. There are about 450 municipal units, responsible for the provision of the health services to the population of Finland. Municipal Health Centers are the basis of this system. They provide basic health care service. At present there are about 278 Health Centers in Finland. 208 of them were established by the municipalities, and the remaining 70 – by the joint municipal committees on establishing the Health Centers. They also provide the consultations of medical specialists, services of dentists and consultations on family planning. Preventive measures and the control over the sanitary state of the environment are carried out as well. Moreover, women's clinics and children's polyclinics are also included in the Health Centers. Medical services for enterprises and schools are provided by these Health Centers. Doctors, who work in the Centers in the remote areas, in addition to basic health service, are to provide assistance in emergency cases. The Health Centers usually have a stationary office for people with slight or chronic pathology, small laboratory, radiological and physiotherapeutic offices (Health care in Finland // Ministry of Social Welfare and Health Care . – Helsinki, 2007. – p. 28).

Now many Finnish municipalities have moved to work according to the system of "General Practitioner". Each general practitioner provides medical assistance to a particular group of inhabitants of about 2000 people. The purpose of the system is to provide permanent doctor-patient contact and the latter treatment within three working days. This system seems to be very successful: now the treatment can be received quicker and the relationships between the doctor and the patient become closer. Because continuous management of a patient by the same doctor

helps to decrease the number of required hospital visits, this transfers into a reduction of expenses for the health care (Health system and work of the doctor in Finland. – Access mode: <http://doctor-help.org.ua/archives/10>. – Screen cap).

The municipality has the right to choose the way medical care is arranged. It can create a Health Center independently, together with the neighboring municipality, or buy medical services from private clinics. Emergency assistance is usually outsourced – the patients are served by private medical companies. Through the Health Centers, the municipalities perform other functions: provide the supervision of labor safety rules in the workplaces, provide prevention (vaccination, screening tests for early detection of cervical cancer, breast cancer, dental examinations) (Baglikova I. Medicine as it is done in Finland. - Mode of access: <http://doctorpiter.ru/articles/4918/>. - Screen cap).

The second level of Finnish health care system is the hospital district. Finland is divided into 20 hospital districts. Each of them provides the population with the specialists of different profiles consultations and treatment. Local municipal authorities are obliged to provide financing for specialized treatment of the population of their district. Each district has a central hospital with all major profiles departments, which provide medical services to the patients of its district. Hospital districts differ according to population (from 60 thousand up to 1.4 million) and depending on the geographical location. The largest municipality is the city of Helsinki, the smallest one is on Aland Islands (The health care system and the work of the doctor in Finland//Professional Union of doctors in Finland – Helsinki, 2010. – p.12).

Additionally, Finland has five university hospitals, which specialize in the most advanced medical treatment, such as a type of surgery and treatment of rare diseases. These hospitals are also responsible for the organization of medical practice for the students and conducting researches. In university hospitals, there is no competition, primarily because they do not duplicate specialized forms of medical care. For example, in Finland, there is only one center of organ transplantation, one center of cardiovascular surgery of newborns and one center for the treatment of burns (The health care system and the work of the doctor in Finland//Professional Union of doctors in Finland – Helsinki, 2010. – p.12).

The scheme of public health care organization in Finland is stated on Fig. 1:

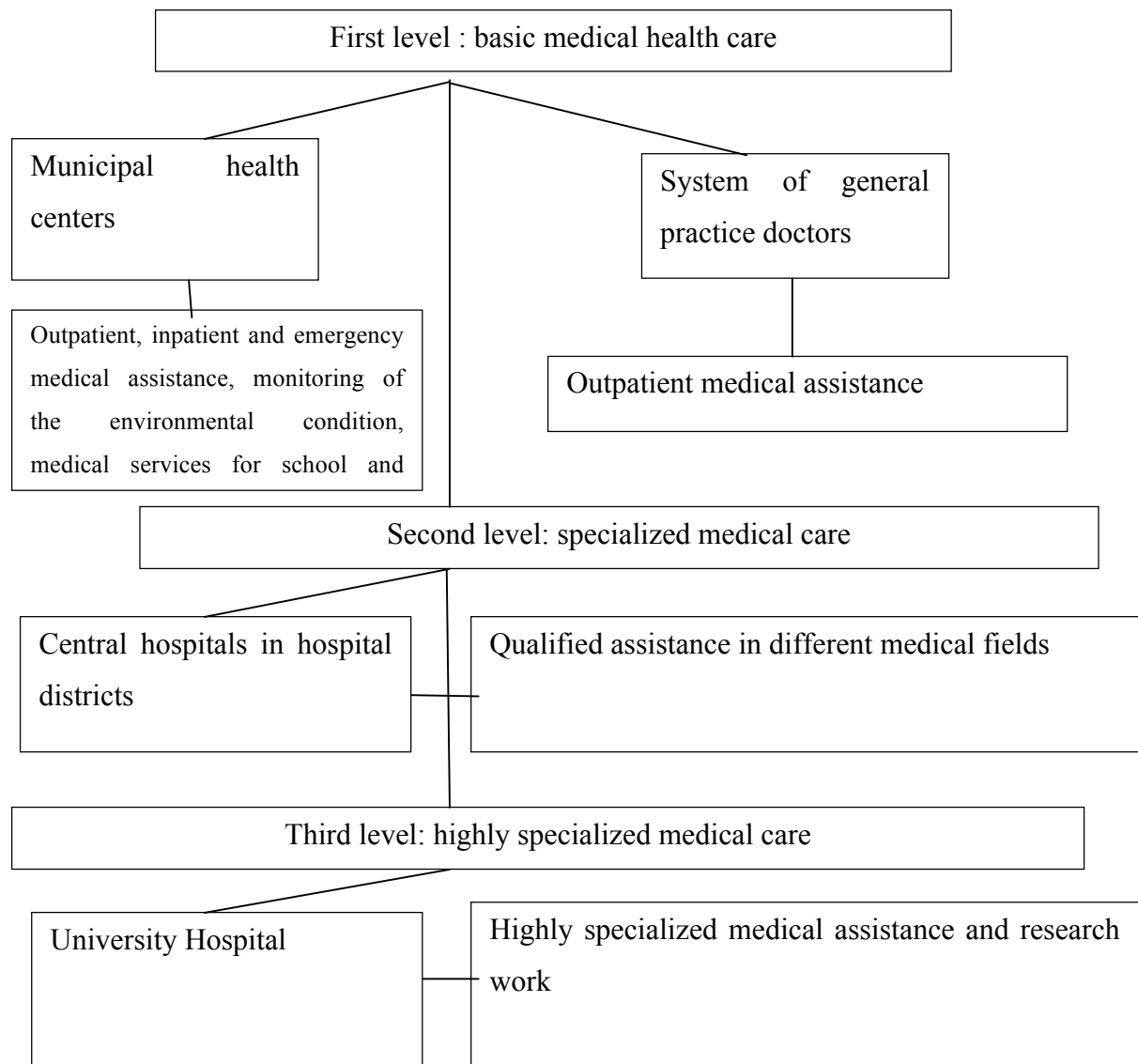


Figure 1: Scheme of health care system in Finland

It should be noted that compared with the other countries, Finland has a large number of hospital beds. Currently, there is a trend towards reducing the number of beds by grading health care services, shortening the duration of postoperative treatment and transferring the patients with mental illness into outpatient treatment. The average time of the patient stay in a hospital is about 4 days. The number of emergency medical care departments has also been reduced because of the need to save money and by decreasing the working load of the doctors. (Gasik T. Health system of Finland – access mode: <http://www.datsha.com/rus/uutiset/260906.shtml>.- Screen cap).

Finnish health care system also has a private sector, but it is only 4% in total of hospital beds in the country. The owners of the most non-governmental clinics are private investors. The private

outpatient services are more developed, particularly in the big cities of the country. According to the statistics, every year more than 70% of Helsinki inhabitants use private medical institutions. The main reason is that there is a permanent monitoring of the services quality in the private hospitals. However, only about 8% of Finnish doctors are employed exclusively in the private sector and about one-third of them have private appointments in addition to their main work at the hospital or municipal polyclinic. Currently, most private doctors are working in health centers, jointly organized by themselves. For this study, private health care system is not the area of interest, the focus will be on the public health care. (Baglikova I. Medicine as it is done in Finland. - Mode of access: <http://doctorpiter.ru/articles/4918/>. - Screen cap).

In general, it can be stated that the health care system in Finland is developed and has a potential for growth. The Finnish government carries out clear social policy in medicine. It covers the medical expenses and regular medical consultations throughout a person's life. As a result, there has been a decrease in the mortality rate among the population of this country. In recent years, the health status of the population is generally improving. More than 2/3 of the adult population believes that their health is good or comparatively good. The number of cardiovascular diseases and diseases of brain vessels has reduced. Compared with other European countries, Finland has a fewer number of HIV-infected people. (Health system in Finland – access mode: <http://e-finland.ru/travel/general/sistema-zdravoohraneniya-v-finlyandii.html>. - Screen cap).

An effective vaccination program has significantly reduced the incidence of childhood infectious diseases. The child mortality rate in Finland remains one of the lowest in the world. The life expectancy for the boys born in 2011 amounts to 74.6 years, and for the girls – 81.5 years. (Petrov. A. Finland is ahead of the entire planet // Nevskoye Vremya. - 11.10.2010).

However, it's vital to mention the main health problems among the population of Finland, which are beyond the Finnish health care system at this moment. For example, the question of smoking in Finland is still very urgent, despite the fact that its prevalence in the country is significantly less than in the whole Europe. So, every fourth man and every fifth woman smokes in Finland. Since the beginning of the 1980's, there has been a drop in the number of smokers among the men, however the rate among the women remains the same. The main danger of smoking is that young people start smoking in Finland very early – much earlier than their contemporaries in other European countries. Approximately 20-25% of young men and women aged from 15 up to 24 smoke every day. (Borisov K.N., Alekseev V.A., Shurandina I.S. Health for all - System strategy of Finland//Rosmedportal. com.- [2011](#). – vol. 2.).

Another inherent problem is the level of obesity in Finland. According to statistics, about 54% of men and 38% of women had excessive weight and more than a half of young people have the same problem. The spread of alcoholism among the population of Finland is a very serious health problem. From year to year Finns use more and more strong drinks. So, in average, Finns drink 9.4 liters (in terms of pure alcohol) of alcoholic drinks per year. (Gladkiy A. The Finnish model of health. – Access mode: <http://www.health-ua.org/archives/health/1471.html>. -Screen cap).

However, according to Finnish physicians the vascular heart diseases are at the first place among the death reasons. The deaths caused by alcohol are at the second place and the third place is held by accidents and suicides (Health system in Finland – access mode:<http://e-finland.ru/travel/general/sistema-zdravoohraneniya-v-finlyandii.html>. - Screen cap).

In this regard during recent years health care and social assistance systems of Finland focus on prevention. Healthy lifestyle promotion – health education – has been one of the top priorities of the health policy in Finland for a long time. Numerous health centers, which mainly conduct activities on the primary prevention and engaging in the healthy way of life, have been established in the country. They use a variety of technologies: for instance, methods of mini and group interventions and creation of «kiosks of health» in large shopping centers. The Government approved the nation-wide program “Health 2015”, the main priorities of which are sports as the health support, healthy eating, mental health and prevention of accidents. Personnel structure of this branch consists not only of doctors and nurses, but it also includes the army of social workers, psychologists, teachers, who create a serious preventive health platform as well. (Health care in Finland//Ministry of Social Affairs and Health Care – Helsinki, 2007.-p. 28).

To confirm the efficiency of the undertaken efforts, the following example can be given: In 1970, in Finland, a national program was started for the prevention of vascular diseases. It focused on the modification of risk factors such as smoking, high blood pressure and high cholesterol. Specifically, special attention was paid to changing nutrition. The strategy turned out to be right and now the rate of deaths from cardiovascular diseases has decreased by approximately 80% (Drapkina O.M., Ashihmin Ya.I., Ivashkin V.T. Nutrition and cardiovascular diseases // Difficult patient.-2006.- No.8. – p. 10-12).

Another priority in the development of the modern health care system of Finland is a well-organized research system, which provides great opportunities for the development and implementation of innovations in the field of biomedicine. The accumulated knowledge and

know-how in the field of biomedical technology has allowed Finland to be in the leading group of countries in this area. In order to maintain competitiveness in the field of pharmaceuticals State programs of science and business partnership were developed. In 2011, 114 million Euros was allocated for conducting researches in pharmaceutical industry. The part of the total volume of sales, invested into the implementation of scientific research and experimental design activities by medical industry enterprises, is the highest compared to other industries, amounting in average to 16-20%. A distinctive feature of Finnish biomedical companies is their close cooperation with universities, scientific and technological centers of the country. The largest technology centers are located in Helsinki and its suburbs and in the cities of Turku, Oulu, Kuopio and Tampere (executive editor V.A.Shlyamin; ed. A.G.Kuzmin [and others] Finland -- Russian partner in the modernization of the national economy: information-analytical reference // SPb. 2013 – p. 172).

On recent years a unique cluster of organizations has been developed in the country. They are located mainly in the region of Turku and specialize on the development and production of the unique biomaterials applied in modern surgery, recovery and sports medicine (More on medical industry of Finland – access mode: [www.rusfintrade.ru/files/article/2581/20130611\\_1.doc](http://www.rusfintrade.ru/files/article/2581/20130611_1.doc). - Screen cap).

Recently, medical technologies are in high demand in Finland. According to the analytical reports, during 2012 the exports in this area increased by 22.8% compared to the year of 2011, which is equal to 1.65 billion Euros. Export volume of medical technologies in Finland is second only to telecommunication technologies. The most rapid growth of export was recorded to the U.S., Asia and Russia, as well as to some European countries. In the field of medical technology, Finland is represented in various sectors, for example, the most active growth was observed in the field of electronic equipment and image processing equipment. According to the forecasts, in the future this branch will be rapidly developing, as the market develops as well. (Medical Technology in Finland in the lead. - Mode of access: [http://finnish.ru/news/?art=06\\_05](http://finnish.ru/news/?art=06_05). - Screen cap).

In addition, Finland is actively developing medical tourism, with special focus on patients from Russia. In any country, medical tourism is known as the travel of people to another country in order to get better quality of treatment or better price. Within this direction new medical institutions are being opened and the systems of additional services, especially transport and accommodation, are developing. (In Finland the number of medical tourists from Russia is



increasing – access mode: <http://lappi-group.ru/the-news/194-v-finlyandii-velichivaetsya-chislo-mediczinskix-turistov-iz-rossii.->, Screen cap).

In summary, Finland health care system is highly developed. The multilevel system established in the country allows rendering high-quality medical care to the population. This is confirmed by decreasing mortality rate, increasing life expectancy of the population and improving the health level in Finland. In recent years, the priority of the medical care system is the preventive medicine. This allowed significantly reducing morbidity and mortality rate from some chronic non-communicable diseases, particularly from cardiovascular events. Besides, modern biomedical technologies, modern medical equipment and medical tourism are developing in the country as well. These trends are of interest for developing the cooperation between Finland and other countries, including Russia.

## **2.2 Medical Education system in Finland**

Medical education system in Finland aims at ensuring the highest level of specialists' professional training. In Finland, universities of five cities provide basic medical and health care education: Helsinki, Tampere, Turku, Oulu and Kuopio. The enrollment competition to the medicine faculty of these universities is rather tough: the number of applicants is in 4-5 times higher, than the number of enrolled students. In recent decades the number of students enrolled in the medical faculties varies considerably. This is partly due to the doctors' Trade Union of Finland attempts to influence on the decisions of public bodies to make the number of students similar with the demand for such specialists on labor market. The leaders of this organization believe that in order to meet the needs for public health care specialists, the number of students should not be increased, but working conditions and payment for currently employed doctors should be improved. (Vesikansa S. Medical education and health system in Finland//Bulletin of MAPO.-2001.-October; The health care system and the work of a doctor in Finland//Professional Union of doctors in Finland – Helsinki, 2010. – p.12).

The educational program, introduced in the 1990's of the twentieth century in Finland, based on competencies appeared to be highly effective and this is the key to the success in health care reforme. Curriculum development in Finland is based on the European Qualifications Framework (EQF). The responsibility for the training of health care professionals is assigned to the Ministry of Education of Finland (A seminar concerning health care in Astana, Kazakhstan//the Official site of embassy of Finland in Kazakhstan. – Access mode:

<http://www.finland.org.kz/Public/default.aspx?contentid=274237&nodeid=42501&culture=ru-RU> . – Zagl. Screen cap).

Traditionally the education begins with a two-year preclinical period of studying, including the major theoretical courses on anatomy, biochemistry, pharmacology. However, students have contact with patients from the very beginning of their studies. A task-level learning system is being introduced. The combination of different training courses and preclinical subjects with clinical practice is a modern approach to education. All medical educational institutions began to introduce special courses for the students interested in research work (Treatment in Finland. – Access mode: <http://www.finlandcare.ru/node/65>. - Screen cap).

During the subsequent clinical period of training, students participate in different hospital departments and health clinics work, passing medical practice, which is necessary for a doctor. After each clinical training course students take the final exam in the specialization (Health care system and the work of the doctor in Finland – Access mode: <http://doctor-help.org.ua/archives/10>.-., Screen cap).

Basic medical and health care education is intended for six and a half years, and at the end of the training, students receive a Licentiate in Medicine diploma. In accordance with European Union Council Directive, doctors who obtain degree of licentiate should pass a 2 years special training in general medical practice to be qualified to work as a general practitioner. This training implies medical work in hospitals supervised by a certified physician (Vesikansa S. Medical education and health system in Finland//Bulletin of MAPO.-2001.- October).

Initially, all the doctors who graduate from universities in Finland are licentiates of general practice. Only after this certification they can specialize. Usually, study time takes 6 years on 32 specializations and 8 years on 60 specializations (for example, cardiologists should study 6 additional years, while cardiac surgeons and cardiac anesthetists should study 6-8 years) (Is there any use to be treated in Finland? - Mode of access: <http://finzdorov.ru/2010/04/18/stoit-li-lechitsya-v-finlyandii/>. - Screen cap).

The Finnish health care system also requires the training of nurses to be as rigorous as the training of the doctors. The training period for nurses is 4 years. After that, they continue their education in their specialization for several years. It should be noted, that most nurses in Finnish clinics have higher specialized education. However, it's important to mention that nurses are not

the target group for this research (For the health - to Finland – access mode: <http://www.amberlife.fi/10.html>.- Screen cap).

The doctors and nurses professional education continues with regular trainings in leading local and foreign clinics, and they participate in special international conferences and symposiums. Thus, Finnish doctors have an opportunity to share experience with their colleagues, learn about all the latest international developments in the field of medicine and, subsequently, use the latest knowledge in practice (For the health - to Finland. – Access mode: <http://www.amberlife.fi/10.html>. – Screen cap).

Particular attention should be paid to the procedure of getting permission to work in Finland for the foreign doctors. This question is relevant in connection with globalization processes and expansion of international cooperation in the field of medicine. First of all, it should be emphasized that only a certified doctor can work as a doctor in Finland. The license for the right to work as a doctor is required from the Health Care System Control Department of Finland (*Valvira*) (Kilpelyaynen T. The guide to work in Finland for the foreign medical personnel. – Northern Satakunta, 2010. – p. 34).

The specialist, who received his medical degree in a country outside the European Union or the European economic area, should accredit certificate in Finland. The certificates are confirmed by the Health Care System Control Department of Finland. The Department verifies that educational qualifications and skills meet the requirements of Finnish medical education (Health care system and the work of the doctor in Finland//Professional Union of doctors in Finland – Helsinki, 2010. – p. 12)

There are three main stages for foreign doctors, which should be fulfilled in order to get the permission to work as a doctor in Finland. The first stage refers to certification, the second one refers to work placement training and the third stage refers to examination.

To receive a license for professional medical activity the following steps are necessary to carry out: first step is to confirm the certificate of medical education in the Health Care System Control Department of Finland. The second step is to pass public examination (YKI) or examination on the knowledge of Finnish or Swedish language. The third step is to pass an internship training (not less than six months) in a Finnish hospital or Health Center, which is financed from the budget of the State, a municipality or a municipal union. Final step is to attend

the additional training, determined by Valvira (Health care system and the work of the doctor in Finland – access mode: <http://doctor-help.org.ua/archives/10>.-., Screen cap).

As for the second stage, it is necessary to pass additional training on basic health care on the medical faculty within 3 years in order to obtain the license for independent certification. The training focuses on the following topics: functions and responsibilities of a basic health care physician, medical management and welfare services, clinical skills possession, combined treatment, decentralization of treatment, cooperation with medical and social services staff, consulting activity possibility, management and teamwork (Obtaining the license for the right to work as a doctor.- the access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580> - Screen cap).

Additional training includes not less than 9 months of work in a municipal health center and at least 6 months of work in a hospital. The Health Center and the hospital must be approved by the medical faculty of the university. A doctor must have a personal supervisor. During the period of service, a doctor should abide to special requirements and orders concerning his or her functional responsibilities. The doctors passing additional training bear all the responsibility for their work (Obtaining the license for the right to work as a doctor. - access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580>. - Screen cap).

During the additional training, a doctor should pass the familiarization course (at least 16 hours) on medical management and welfare services. The course is organized by the Faculty of Public Health, the department of general medicine and basic health care of clinical medicine faculty. A doctor should also attend courses organized at his or her workplace regularly (Obtaining the license for the right to work as a doctor. - access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580>. - Screen cap).

The third stage consists of passing 3 examinations at Tampere University. Those are clinical exam, health care in Finland and patients' consultation exam (Obtaining the license for the right to work as a doctor. - access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580>. - Screen cap).

The written clinical exam is intended to evaluate the level of basic knowledge in clinical medicine and health care. A doctor should be able to use his or her knowledge in practical work, communicating with the patient in the clinic. The complexity level of the examination is similar to the final examination of Finnish Licentiate of Medicine. The exam is held four times a year: in

February, in May, in September and in November (Obtaining the license for the right to work as a doctor. - access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580>. - Screen cap).

The written General Health Care exam covers knowledge of administrative matters, such as social security and patient security, legislation, health care systems, forensic medicine and pharmaceutical support. The exam consists of three sections: 1) social medicine, 2) forensic science 3) drug prescription and medicines legislation. Tampere University issued bibliography for the preparation to the exam. If a person fails to pass any of these sections, he or she has an opportunity to retake them. The exam is held four times a year: in February, in May, in September and in November (Obtaining the license for the right to work as a doctor. - access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580>. - Screen cap).

The third exam is the Patients consultation. It is an oral exam that is recorded on video. The doctor, passing the examination, carries out a consultation for three patients. The purpose of the examination is to control, if the doctor applies the skills and knowledge in practical communication with the patients and uses the main methods of work correctly. The doctor should know when and how it is necessary to cooperate with medical specialists. It is also important to understand the contents and value of the health promotion work. The examination takes place in the training health center in the Faculty of Medicine of Tampere University. The University of Tampere sends a special invitation to the examination. (Finland health Exam – access mode: <http://wanda.uef.fi/tkk/liferay/projektit/doktor2/kuuhtml>.- Screen cap).

Once a person satisfies all three examinations, he or she may apply for the license for practising medicine from Valvira, which is the National Supervisory Authority for Welfare and Health and a centralized body operating under the Ministry of Social Affairs and Health. Licenses are granted step by step. The initial license provides only the right to work in hospital under the direction and control of another experienced doctor, who has a right to practice medicine independently and has a status of a legalized professional doctor. This license may be subsequently extended and include the right to work in a clinic, and then in other health care institutions and in the private sector. Licenses are always granted for a certain period of time. After finishing the additional courses on basic health care and practice, a trainee requests a certificate from the university, where he or she is registered. After that it is essential to receive the status of a legalized doctor in Valvira, which grants the right to practice medicine independently (Obtaining the license for the right to work as a doctor. – Access mode: <http://mintrud.karelia.ru/Attachment.axd?id=b8d429cd-8434-4087-8580>. – Screen cap).

Licensing of the doctors from the European Union countries doesn't include any special language requirements. However the employers, i.e. the municipalities, may require the certificate of the language skills. The doctors, who arrived from the EU Member States, can get the license, granting the right to work as a doctor in Finland, on the basis of the directives concerning migration of doctors and mutual recognition of degrees. The Center for Medical Professionals Legal Protection evaluates and verifies medical professionals certificates and reaffirms their titles (The health care system and the work of a doctor in Finland – access mode: <http://doctor-help.org.ua/archives/10>.- Screen cap).

In summary, the training of medical staff in Finland is a rather long multistage process. It includes the introduction of modern teaching methods, as well as the combination of theoretical basic training with the future doctor's communication skills development and improvement. A certain specialization with the right of independent medical practice can be received on the basis of further long-term medical education in general practice. The questions of the foreign specialists licensing is also considered with responsibility. This process implies not only confirmation of the document of higher medical education, and passing the examination in language, and specialization, but also long additional training – both theoretical and practical. Moreover, even licensed doctors constantly improve and enhance their level of education and qualification by regular trainings, participation in conferences and symposiums.

### **2.3 Medical Staff Training System in Russia**

The existing system of medical education in Russia has a rich tradition, a scientific basis, an extensive practical experience, modern programs and curricula, as well as modern technical base, a knowledge system and skills control. It allows efficient training and skills improving for medical professionals. Training of the specialists with higher medical education in Russia is carried out in 47 State medical and pharmaceutical universities, including 8 universities, 18 academies, 11 medical faculties and 7 private medical higher educational institutions and faculties with a license for conducting educational activities. Medical universities of Russia, due to the time-proven training of the physicians in close connection with the medical work in health care facilities, provide the set of the requirements for young doctors, starting independent work in hospitals and clinics, quite well (Maevskaya V.A., Churilov L.P. On medical education in Russia and abroad. Ch.I-III. // Bulletin MAPIO. – 2002. – V. 11, No. 4. – p. 2).

Traditionally medical and pharmaceutical universities provide training on the following specialties: "Medical care", "Pediatrics", "Dentistry", "Medical and preventative care",

"Pharmacy". Currently the Ministry of Health of Russia introduced preparation of specialists on new specializations: «Sports medicine», «Economy and health care management », «Medical psychology», «Nurse with higher education», «Social worker». Technical universities are training specialists on such specialties as "Biotechnical and medical devices and systems" and "Engineering in biomedical practice". Today, 54 subjects and courses are studied at the medical higher educational institutions. (State standards of higher education and higher medical education / S.V. Petrov, A.V. Balakhonov, M.N. Molitvin, O.V. Fionik // Bulletin of the St. Petersburg University. - 2006. - Ser. 11, issue 2. – p. 129-136).

Training of medical personnel in Russia is carried out in 2 steps. First step includes general undergraduate education, it lasts 6 years. Second step includes postgraduate education, it lasts from 1 to 4 years (Balakhonov A.V. Fundamentalization of the medical university education. – SPb. 2004 . – p. 232).

General medical training process in health care educational institutions includes theoretical and clinical training of the students. Medical students' education process is considered on the example of the specialization "General Medicine". The first course focuses on the fundamental theoretical sciences such as biology, chemistry, human anatomy, histology and Latin. Practice in hospitals begins from the second semester. Students carry out duties of the paramedical personnel – nurses and hospital attendants. During their practice second-year students get skills of patients caring (Balakhonov A.V. Fundamentalization of the medical university education. – SPb. 2004 . – p. 232).

Second-year students pass practical training as the assistants of ward nurses. They carry out doctor's prescription to the patients, watch their condition, and look after them. From the third year of education in medical higher educational institutions the students start studying propedeutics (introduction course) on internal diseases, general surgery, pathological anatomy, pharmacology and many other clinical disciplines. During the practice in hospitals, students conduct the work of the procedural nurse: do injections and infusions to the patients, help doctors and draw blood (Balakhonov A.V. Fundamentalization of the medical university education. – SPb. 2004 . – p. 232).

From the fourth course special disciplines, forming professional competence and special skills necessary for future health care workers, are offered in medical higher educational institutions. ( Balakhonov A.V. History of correlation of fundamental and applied aspects of medical education

/ / Fundamental and applied research on problems of education: mater. All-Russian methodological seminar. /V. 2. – Spb., 2004. – p. 141-150).

In accordance with the applicable regulatory documents in Russia, only the persons with higher and (or) secondary professional education, and the degree of a specialist, are allowed to carry out medical and (or) pharmaceutical activity. The degree is a document, confirming education level, specialization, education and qualification (Public health and health care / Under the editorship of V.A. Minyaeva, N.I. Vishnjakova. - M., 2003. - p. 511).

The degree doesn't give the rights to the graduate to practice medicine independently. After graduation from medical higher educational institution a graduate should pass one or more of the following educational forms of the postgraduate professional system :

- 1) internship training – 1 year;
- 2) residency training – 2-3 years;
- 3) educational and vocational program on the specialization – 2-4 years;
- 4) post-graduate course – 3 years.

The graduates of medical institutes pass the subsequent education and training in the following order. The majority of the main medical specializations, and all dental specializations, require internship training as a minimum level of postgraduate training. In accordance with the "Regulations on Internship Training" this kind of training should be conducted in large public medical institutions approved by local governing bodies of health care as the bases for preparation of interns in a given specialty. The duration of internship is 11 months. The purpose of internship is the acquisition of systematized theoretical knowledge and necessary professional practical skills for the work as a doctor. During the internship, interns pass two certifications at higher educational institution, which is responsible for young specialist. Upon the end of the training, interns have a right to pass qualification examination for obtaining the certificate of specialist in certain field (Lazarev S. V. The order of the admission of experts to medical activity as a factor of observance of license requirements and conditions // Vestnik Roszdravnadzor. – 2009 . – No. 3. – p. 8-10).

Specialist certificate is a uniform document, confirming the specialist education to the state educational standards. The certificate proclaims that the specialist achieved a certain level of



theoretical knowledge, practical skills and abilities, sufficient for independent professional (medical or pharmaceutical) activity. The specialist certificate can be issued not only by medical (pharmaceutical) educational institutions, but also by research institutes and professional medical associations (Paltsev M.A., Denisov I.N., Meleshko V.P. Doctor of XXI century: The higher medical education yesterday, today, tomorrow// Vestnik of new medical technologies. – 1998 . – V.5, No. 3-4. – p. 111-114).

The graduates, who received the specialization and successfully passed examinations, receive specialist certificate and the right to conduct professional activity independently. If a doctor wants to master one of the specializations, requiring advanced training, he or she should pass a two-stage training: I stage – internship training (or clinical residency training) on the main field of study; II stage –occupational retraining (primary specialization for about one year) on the selected specialization. The consequence and correspondence to the basic and narrow specializations is strictly regulated. For example, area of concentration in “Nephrology” should be preceded by internship training in “Therapy”. The primary specialization in “Coloproctology“ can be passed by the doctors, who successfully finished the first stage of training in “ Surgery” . The graduates of dental faculties can pass a training on narrow dental specializations (therapeutic, surgical, orthopedic, children's dentistry, orthodontics) only after obtaining the certificate in “Dentistry” (Public health and health care / Ed. V.A. Minyaeva, N.I. Vishnjakova. - M., 2003. - p. 511.).

Since September the first, 2011 medical universities of Russia started introducing new standards of students training and education. Changes in the system will mainly affect the practical part – it will be expanded. According to the new standard, a medical student of a university will have the right to conduct practical work after 6 years of studying, though residency training will last from one to five years, depending on the specialization. Therefore, the maximum period of education in residency and training of a unique doctor, such as a cardiac surgeon physician or a neurosurgeon, will amount to 11 years, while the other specializations may amount to 7-9 years. In addition, it is proposed to have practical trainings in hospitals from the first courses (New system of education in medical higher education institutions: the more practice, the better doctor // News. - 02.08.2011).

The scheme of medical training system in Russia is shown on Fig.2:

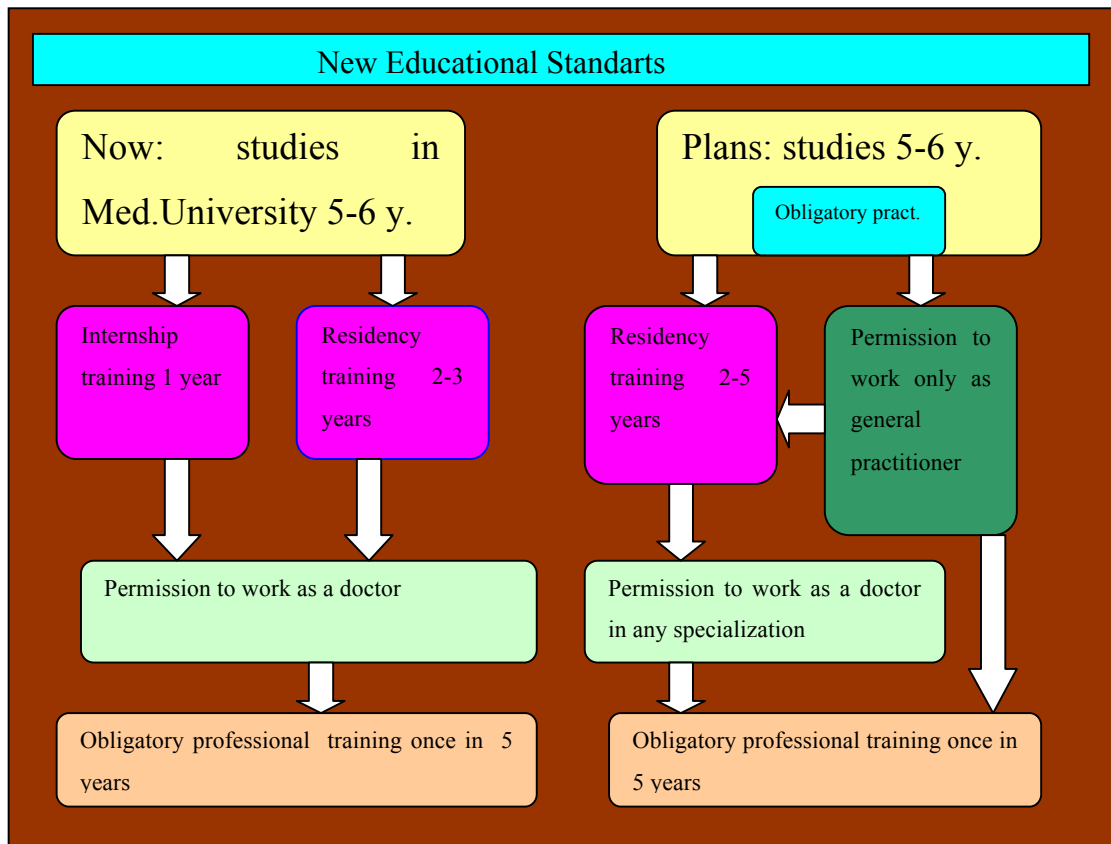


Fig. 2: Medical training system in Russia

The work on specialization and improvement of the doctor's qualification is regulated by the Ministry of Health Care of the Russian Federation. The main body of post-graduate education is Russian Medical Academy of Post-Graduate Education (RMAPGE).

In Russia, there are uniform requirements to the organization of all the types of postgraduate education and single terms of training frequency and duration. Medical postgraduate institutions apply uniform (standard) educational programs, the uniform procedure for knowledge testing, uniform qualification documents, and the documents on the qualification improvement (The medical education system in Russia// Official site of the Russian Association of experts in the field of functional diagnostics. – Access mode: – <http://www.rasfd.com/index.php?productID=586>. – Screen cap).

There are two major stages of post-graduate training for doctors: specialization and qualification improvement. Specialization is internship training or residency training on the general specialty and on the narrow specialization and qualification improvement is a further improvement of professional knowledge and skills by attending courses on chosen specialty.

Such improvement includes general one, which is an improvement of professional skill on all the aspects of specialization. According to applicable legislation, the improvement of professional skills of the specialists should be carried out at least once in 5 years. Qualification improvement also includes subject improvement, which is based on particular selected aspects of the specialization or relevant questions. Moreover, it includes information courses or trainings on the basis of Scientific Research Institutes and major institutions of practical health care (System of medical education in Russia//official website of the Russian Association of specialists in the field of functional Diagnostics.-the access mode: <http://www.rasfd.com/index.php?productID=586>. - Screen cap).

These stages of postgraduate training of doctors are the basis of permanent professional development, starting after finishing the internship training and continuing thereafter during the whole professional activity of each physician. The main purpose of this training is preservation, reviewing, improvement and expansion of knowledge and skills (Kulichenko V.P., Blashentseva S. A. Health care in Russia in new economic conditions. New approaches to the postgraduate training of medical personnel //Materials of the 2nd inter-regional conference «Continuing professional development is the basis of medical care. – Samara, 2009. – p. 88).

In addition, during his or her professional activity, any doctor can get a new specialization, mentioned in the list of specialties, approved by the Ministry of Health Care and Social Development of the Russian Federation. This requires occupational retraining course in accordance with established procedure.

Nowadays there are seven agendas for improving medical education system in the Russian Federation:

The first agenda is the following: Development and updating of SES, educational curricula and training programs for medical personnel. The State Educational Standards of the third generation take into account the latest quality requirements for the specialists training. Some educational programs are planned to be created on their basis, taking into consideration modern principles of continuous education. These training programs would correspond to the modern achievements of

science and practice, maintain continuity with undergraduate education and provide interdisciplinary links.

The second agenda includes introduction of scientific achievements in continuous medical education system for bridging the gap between science and practice.

The third agenda deals with Representatives of the Federal Health Care and Social Development Inspection Service (Roszdravnadzor). They would take part in the certification of specialists. The next generation of tests for certification is being developed.

The fourth agenda refers to the terms of residency training for some specialties (neurosurgery, oncology, cardiological surgery). Such training would be increased up to 3-5 years.

The fifth agenda is the following: The Federal centers of high medical technologies created within the “Health” project would be used for preparation of highly qualified personnel as well. They would become the clinical bases for medical universities.

Sixth agenda states that more attention would be paid to target training and retraining of doctors on the demands of territorial governing medical administration according to specific needs of regions.

Seventh agenda refers to further integration into the European educational space (Current problems of higher medical education /S.V.Petrov, A.V. Balakhonau, M.N. Molitvin, O.V. Fionik// Vestnik of St. Petersburg University – 2006 – Ser. 11, issue 4. – p. 124-133).

To sum up, Russia has an effective multistage medical staff training system, combining old traditions and modern approach to the training of doctors. The general medical preparation represents a harmonious combination of training on fundamental disciplines with practical activities in hospitals. The postgraduate education system forms the basis for continuing professional development, so that the doctor can constantly improve his or her skills, update his or her knowledge or even gain a new specialization. Due to the Russia’s connection with the Bologna process, now medical staff training system is being reformed. The purpose of these reforms is to improve the quality of education and make Russian doctors competitive on the world market.

## **2.4 Internship as a form of specialists' professional development**

At the present time, there is a growing process of globalization in the world, and therefore there is an urgent need for the exchange of experience in various fields and for unification of training for professionals. One way to achieve these objectives is to increase the skills of specialists with the help of internships in foreign organizations. The purpose of the internships abroad is to develop and to improve the skills in various fields, as well as possibly establish business contacts in the workplace. The main objectives of the internship organization, are the placement of experts in host organizations according to their chosen priorities, profile of their work and also the provision with certain conditions, which allow achieving professional goals for intern (The organization of training for Russian and foreign companies: Method. instructions / Minko L - Tambov, 2006. – p.28)

Generally speaking, Russian participants in the process of organizing internships are: experts-organizers of the internships; managers of enterprises; training manager, who is responsible for the whole training process of particular intern in particular enterprise (The organization of training for Russian and foreign companies: Method. instructions / Minko L - Tambov, 2006. – p.28).

Formation of organizational internship's procedures involves development of performance criteria in the training organization and definition of the principles of the organization. It also includes allocation of basic steps and procedures and documentation accompanying the development of organizational procedures (The organization of training for Russian and foreign companies: Method. instructions / Minko L - Tambov, 2006. – p.28).

Effective system of training organization can be represented by the purposes and tasks for training processes and by compliance with the choice of the host company and need of intern. The purposes and tasks for training process on both preparation and maintenance stages have to fulfill several recommendations. Internship program should match set of goals and objectives determined for training and should be suitable for personal and professional characteristics of the intern. There must be the possibility of flexible development in the internship program. Supervisor should be competent and highly qualified in the field of training. It's also recommended to include a training expert in the process of internship, who will help to orientate the intern to achieve the maximum result. There should be someone who will balance purposes and requirements of organizations and skills of the intern. He can also help to coordinate the educational process, internship program as well as the process of interaction among participants

and activation of feedback. It's important not to forget about evaluation of the training efficiency. Formed review of the training course, method of final reports' preparation, the involvement of the specialist in analyzing the result after internship should be also organized (The organization of training for Russian and foreign companies: Method. instructions / Minko L - Tambov, 2006. – p.28).

Matching the requirements of the host organization and needs of intern should include several important stages. First stage is an analysis of the needs and expectations of professional training. For instance, there could be a survey of the interns before the internship is started, the selected organization, which provides the internship, in order to identify the needs and wishes of the potential intern. Second stage is the consideration of practice-oriented training, which include definition of practical skills that intern must acquire as a result of the internship, and development of relationships that could be established. Third stage is an assessment of training effectiveness and the satisfaction of participants. Interns, the organization which sent employees for training and the one which hosted them should all be surveyed. It's also recommended to check the further possibilities for cooperation between those two organizations. The final stage is formulation of the document, containing all results of the completed internship (The organization of training for Russian and foreign companies: Method. instructions / Minko L - Tambov, 2006. – p.28).

Generally, foreign internships can be divided into three types:

In the first case, the intern shall pay for his training and he does not receive any salary during the period of internship. The need for such internships may seem questionable. Upon completion of this kind of training, internee gets a certificate that allows him to apply for work positions even in foreign companies. These internships are available in the U.S., Australia, the UK and other countries (Internships abroad. - Mode of access: <http://dip-land.ru/2013/01/stazhirovka-za-granitsey>. – screen cap).

The second type of internships is primarily aimed at improving a foreign language. This work can be connected not only with professional area of the internee, but also with some less qualified areas. However, in these cases a guaranteed salary is paid. These internships are available mostly in the U.S. and Australia (Internships abroad. - Mode of access: <http://dip-land.ru/2013/01/stazhirovka-za-granitsey>. – screen cap).

The third type of internships is a combination of working and studying processes. This option is mainly used by students or young professionals. During such programs, the intern studies at four weeks foreign language course and meanwhile he takes part in job interviews with potential employers. When job interviews are completed, he finally determines the place of work and after courses he starts to work. After completing his job duties he returns to the language courses where he improves his language skills, and prepares the final report about completed internship (Internships abroad. - Mode of access: <http://dip-land.ru/2013/01/stazhirovka-za-granitsey>. – screen cap).

Options of internships' organization also vary depending on the country. For instance, in the United States and Australia the intern can begin his duties immediately, while in the UK he must first pass a theoretical course, improve his English language skills and become familiar with the legislation of the country. Only after these steps, he will be allowed to begin doing his duties (Internships abroad. - Mode of access: <http://dip-land.ru/2013/01/stazhirovka-za-granitsey>. – screen cap).

Scientific research, (Arefjev and Dmitriev, Moscow 2003), showed that Russian interns are generally well adapted to the conditions of living, learning and research work in various countries. According to the research, the most significant problem, which Russian interns have at the very beginning of their internships abroad, is a language barrier. Hence, the level of foreign language proficiency is often not enough for conducting an internship in another country. This fact is of great importance, since the proficiency in the foreign language largely determines the quality and depth of new knowledge, obtained during the process of internship. It's also worth mentioning that there are other barriers, which interns often have abroad, such as: difficulties in adapting to the living conditions, local customs, traditions, mentality, different administrative requirements of internship institutions. (A. Arefjev, N.Dmitriev // Foreign scientific and educational training. - M., 2003. – p. 140).

Arefjev and Dmitriev carefully surveyed people, who conducted their internships in different professional areas abroad. According to their survey, 78.6% of surveyed interns indicated that they were able to improve their skills and acquire new knowledge. However, some interns shared that they never used the obtained skills for different reasons. Some participants used internship as a chance to move abroad. But generally, most of surveyed people never regretted that they participated in foreign internship, found this experience really useful and wanted to take part in such trainings again in the future. (A. Arefjev, N.Dmitriev // Foreign scientific and educational training. - M., 2003. – p. 140).

Surveyed interns also expressed a variety of suggestions and recommendations on the organization of international internships. Most often they noted the need for better information on foreign training and the removal of restrictions in getting these internships. Some interns proposed to search more actively foreign partners for better financing of foreign training, attract funds from the Russian side including domestic companies, as well as to simplify a bureaucratic system of grant competitions, reduce time and difficulty of documents preparation for foreign trainings. Interns also pointed out that the selection of the candidates for internship should be very carefully organized. Organizers should more precisely examine the needs and goals of potential interns and make sure that the candidate meets the requirements for certain professional training program. (A. Arefiev, N.Dmitriev // Foreign scientific and educational training. - M., 2003. – p. 140).

It's worth mentioning some general information regarding internships of medical professionals. In Russia, the organization of such professional training is regulated by Decree of the Ministry of Health of the Russian Federation. In accordance with this document, training of employees is mainly done on leave from work, with partial separation from work or individual forms of training are applied in some cases. The necessity for retraining and training of medical professionals is established by the employer. Timing, form, content and technology of training programs for additional professional education are determined by educational and research organizations, which are implementing appropriate educational program (Kulichenko V.P., Blashentseva S. A. Health care in Russia in new economic conditions. New approaches to the postgraduate training of medical personnel //Materials of the 2nd inter-regional conference «Continuing professional development is the basis of medical care. – Samara, 2009. – p. 88).

The basic principles of internships are systematic, scientific, perspective focuses on the development of the doctor as a person and as a professional. The main purpose of internship is the development of new medical professional methods, techniques and elements of professional activity, increasing the level of theoretical and practical knowledge. When internship is completed, doctors receive an official document from educational institution, where they did their training. (Kulichenko V.P., Blashentseva S. A. Health care in Russia in new economic conditions. New approaches to the postgraduate training of medical personnel //Materials of the 2nd inter-regional conference «Continuing professional development is the basis of medical care. – Samara, 2009. – p. 88).

During last years' internships of medical specialists in foreign clinics and educational institutions became increasingly popular among Russian doctors. This is due to the fact that the



modernization of the health care system in the regions of Russia cannot take place without an exchange of experience with foreign colleagues. Every year, hundreds of Russian doctors do their professional trainings in the best clinics in Israel, UK, USA, Germany, Finland and other countries.

Training of doctors abroad tends to promote the professional growth of professionals, acquire a valuable experience and improve skills in any direction of medicine, as well as establish professional contacts with leading foreign clinics. It should be noted that in most cases the training is organized, not only in leading medical clinics, but also in University hospitals. Accordingly, except new practical technologies, interns have the possibility to take part in different lectures and seminars, organized by foreign professors. Thus, in addition to improvement of practical skills, doctors also deepen their theoretical knowledge. This fact is of great importance, since in recent years, the gap is felt more acutely in the theoretical training of doctors in Russia compared to many developed countries (Kulichenko V.P., Blashentseva S. A. Health care in Russia in new economic conditions. New approaches to the postgraduate training of medical personnel //Materials of the 2nd inter-regional conference «Continuing professional development is the basis of medical care. – Samara, 2009. – p. 88).

### **3 Research context, approach and methods**

#### **3.1 Current State of the Cooperation between Russia and Finland in the Field of Medical Internship**

The analysis of the development of medicine and medical staff's education in Finland allows to conclude that this country is very receptive as a partner in the sphere of professional development and retraining of medical specialists. Both high level of the health care development in Finland and effective multistage medical education system in this country contribute to it. Finland is particularly interesting for Russia from this point of view. Russia is still reforming higher medical education and it hasn't moved to the European educational standards yet. In addition, the material base of many Russian medical universities and research institutes do not meet modern requirements. Also, it is necessary to mention that Russian health care system in general lacks highly qualified specialists, capable to deliver medical care at the high level corresponding to the international standards. One more reason for the development of Russian-Finnish cooperation, is that this country is the closest neighbor to Russia. Russia and Finland already have old established relations in other spheres – economy, industry, and agriculture (Finland – the partner of Russia in the modernization of the national economy: information-analytical reference / Source. Head of editorial writers board, executive editor V.A.Shlyamin; ed. A.G.Kuzmin [and others]. – SPb. 2013 – p.172).

However, it should be noted that the cooperation between Russia and Finland in the field of medical personnel training and re-training is still poorly developed. In fact, it is limited to a single training of doctors of various Russian clinics. For instance, the recreation therapists of the Orenburg clinical hospital had training in Finland. The efficiency of this training is emphasized, and a result of this training is that Russian doctors work effectively on vocational rehabilitation of the patients (Voinov V.I, Sukach V.M. Modern medical technology as a subject of international cooperation experts of the regional hospital. - Mode of access: <http://www.mininform.orb.ru/books/opyt/voin.htm> - Screen cap).

The employees of Military Medical Academy (St. Petersburg) had a short-term training in Finland in 2009. The business program of the trip included visits to medical exhibitions and various medical institutions of Finland. The group of Russian doctors made their first visit to the social institution – the house for the aged. Next day, Russian doctors visited one of the leading orthopedic clinics in Finland, specializing in spinal surgery, general and pediatric orthopedics,

hand surgery, knee surgery, sports injuries and rheumatism. The surgeons of Military Medical Academy, interested in the Finnish technology of surgery, took part in the operation on a backbone and had an opportunity to learn the Finnish techniques in spinal surgery. After the operation Finnish colleagues made an excursion around the clinic for Russian doctors and showed them technical equipment, medical equipment and the laboratories. Within the excursion the doctors also visited the rehabilitation center for patients with the locomotors impairments of the clinic. The group of Russian doctors received the unique professional experience during these two days and intends to continue medical cooperation with colleagues from Finnish hospitals, and expand contacts as well (Military Medical Academy Doctors visited Finland – access mode: <http://www.ratibor-ber.ru/voennaya/ohrana04049.html>. - Screen cap).

In April 2013, during the visit of St. Petersburg Healthcare Committee, doctors of public and private medical institutions became acquainted with the opportunities and achievements of Finnish health care. Russian physicians visited Central University Hospital in Helsinki and Hyksin Oy private clinic , founded on the territory of the hospital district of Helsinki, Uusimaa province. They also went to the Ortonorthopedic Clinic, Diacor Medical Center, Docrates oncological clinic in Helsinki, cardiology center and the Soha Orthopedic Clinic in Tampere (Russian-Finnish seminar “Public-Private Partnership and Efficient Health Care Management.” Is held in Helsinki on April 10- 12 - Access mode: <http://www.finlandcare.ru/node/151>. - Screen cap)

The cooperation of Russian and Finnish psychiatrists, which has old roots, is more active. For example, the board members of Russian Society of Psychiatrists (RSP) and Finnish Psychiatric Association had negotiations in Moscow in 2012 within the IV National Congress for Social and Clinical Psychiatry. The main theme of the meeting was to restore the cooperation between Russian and Finnish professional organizations. The questions of sharing experience and knowledge within joint conferences, organization of Russian-Finnish symposiums, providing access to the magazines in Russian for the Russian-speaking psychiatrists working in Finland were also discussed. The attention was focused on the implementation of joint research projects, comparing education systems and postgraduate education in the sphere of psychiatry in both countries, as well as the development of young professionals' cooperation movement. (Russian-Finnish co-operation of professionals in the field of psychiatry: realities and prospects / D. Smirnova, A. Spikina, U. Yakovleva, and others. – Access mode: <http://old.psychiatr.ru/struktura-rop/sovet-molodyh-ucenyh/rossijsko-finskoe-sotrudnicestvo>. - Screen cap).

The first joint Finnish-Russian project, devoted to the development of young professionals in the field of psychiatry, already took place in March 2012. Seven representatives of the Council of Young Scientists of RSP from St. Petersburg, Moscow and Samara received scholarships from Finnish Psychiatric Association, met with the representatives of young psychiatrists section of AFP (and participated in the meeting of AFP). Each of the annual meetings continues for three days, and includes not only organizational issues, but also series of lectures, workshops and parallel satellite symposia, held by the leading professors of Finland, other European countries and the United States. The specialists from the whole country gathered at the meetings of FPA in Helsinki. (Russian-Finnish co-operation of professionals in the field of psychiatry: realities and prospects / D. Smirnova, A. Spikina, U. Yakovleva, and others. – Access mode: <http://old.psychiatr.ru/struktura-rop/sovet-molodyh-ucenyh/rossijsko-finskoe-sotrudnicestvo>. - Screen cap).

The negotiations held in March, 2012, were attended by the representatives of Council of Young Scientists of Russian Society of Psychiatrists (CYS RSP), the representatives of young specialists sections of FPA, the president of FPA Korkeyla, the board members and the director of G. Yoffe hospital. They discussed such questions as the further cooperation between Russian and Finnish parties within joint scientific projects in a prospect, suicide behavior and its prevention, alcohol addiction, seasonal affective disorder, phototherapy of depressions. They also talked about the possibility of individual visits to advanced training courses in the institutions of Russia for Russian-speaking psychiatrists living in Finland, organization of informative visits of Finnish psychiatrists to the specialized medical institutions within the international conferences in Russia. The idea of the international research with the possibility of grant support from Russian Foundation of Fundamental Research is being developed. (Russian-Finnish co-operation of professionals in the field of psychiatry: realities and prospects / D. Smirnova, A. Spikina, U. Yakovleva, and others. – Access mode: <http://old.psychiatr.ru/struktura-rop/sovet-molodyh-ucenyh/rossijsko-finskoe-sotrudnicestvo>. - Screen cap).

Finnish side proposed to support the plan of young psychiatrists cooperation within the conference, where the scientific leaders of the world psychiatric Association were invited, held in May 2013 in Helsinki (Russian-Finnish co-operation of professionals in the field of psychiatry: realities and prospects / D. Smirnova, A. Spikina, U. Yakovleva, and others. – Access mode: <http://old.psychiatr.ru/struktura-rop/sovet-molodyh-ucenyh/rossijsko-finskoe-sotrudnicestvo>. - Screen cap).

Training Russian specialists in other spheres in Finland also seems to be considered. For example, Ministry of Emergency Measures of Russia asked Finland to help in training doctors and paramedical personnel. It is proposed that surgeons, therapists, nurses, and specialists in the field of rehabilitation would be trained in Finland. The number of the medical professionals, who would arrive for the training, is still unknown, as well as the location of the training. However, the beginning of studies on the improvement of professional skills is planned to be held in the near future (KSML: Russian Emergency Ministry asks Finland to help in the training of doctors. – Access mode: <http://yle.fi/uutiset/>. - Screen cap).

It is planned to organize the training for the specialists in biomedicine within the memorandum on the Russian-Finnish cooperation in the field of biomedicine for 2013-2020. The memorandum was prepared by the Russian Academy of Medical Sciences, Skolkovo Innovation Center, University of Turku, Turku Science Park and the Chief Magistrate of the city of Turku. This means that there are quite good possibilities in cooperation in biomedicine field. (Russia and Finland want to cooperate in the field of biomedicine.-the access mode: <http://fontanka.fi/articles/9628/>.- Screen cap).

The opportunity to increase the qualification is also given to young medical specialists within the cooperation with Finnish Center of International Mobility (CIMO). This organization provides graduate students with the scholarships for scientific training in Finland on the competitive basis. CIMO scholarship program is intended for young researchers from any country, specializing in any sphere of science. Under otherwise equal conditions, the screening committees give preference to the applicants from Russia, China, India, Chile, Brazil and North America. Training duration is from 3 up to 12 months (Grants in 2013 on training in Finland. – Access mode: [http://www.rsci.ru/grants/grant\\_news/297/233458.php](http://www.rsci.ru/grants/grant_news/297/233458.php). – Screen cap).

In summary, Finland is of great interest for Russia in the sphere of highly skilled medical professionals' trainings. It is caused by the high level of health care development in Finland and the effective training system for doctors in Finland. However, at present moment, the cooperation between Russia and Finland in the medical field is very poor and is based on the enthusiasm of individual medical professionals and their own material resources. It is limited by separate trainings of doctors from Russian clinics, information visits and short-term seminars and cooperation at the level of separate higher education institutions. Nevertheless, the interactions between Russia and Finland in this direction gradually activate. The question of Russian doctors' internship in Finland is discussed on the level of official delegations, professional associations and even ministries.

## **3.2 Research approach and execution**

### **3.2.1 Organization of the research process**

The main objective of this work is to evaluate the possibilities of cooperation between Russia and Finland in the field of professional trainings for highly skilled medical specialists.

Research questions are the following:

1. What is the current state of the cooperation between Finland and Russia in the field of medicine alike?
2. How to develop, expand and organize the practical realization of the cooperation between Finland and Russia in the field of professional trainings for highly skilled medical specialists?

The main methodological approach to the research is the qualitative method of analysis, since it allows combining different types of data collection: previous researches, practice grounded by theory, interviews and group discussions, professional surveys, various texts, articles and other materials.

Since the main subject of this study has not been studied widely before, main sources of gathering information are surveys and interviews with doctors, top management of hospitals from Finland and Russia.

The target group for this research is Russian doctors, who are interested in doing internships in Finland. Another target group is Finnish doctors and top management of clinics, who are interested in international cooperation as well as in exchanging experience and innovative methods in treatment of certain diseases.

The multi-stages research was conducted in order to study the possibilities of organizing internships for Russian doctors in Finland.

The process of research organization is shown on the Fig. 3:

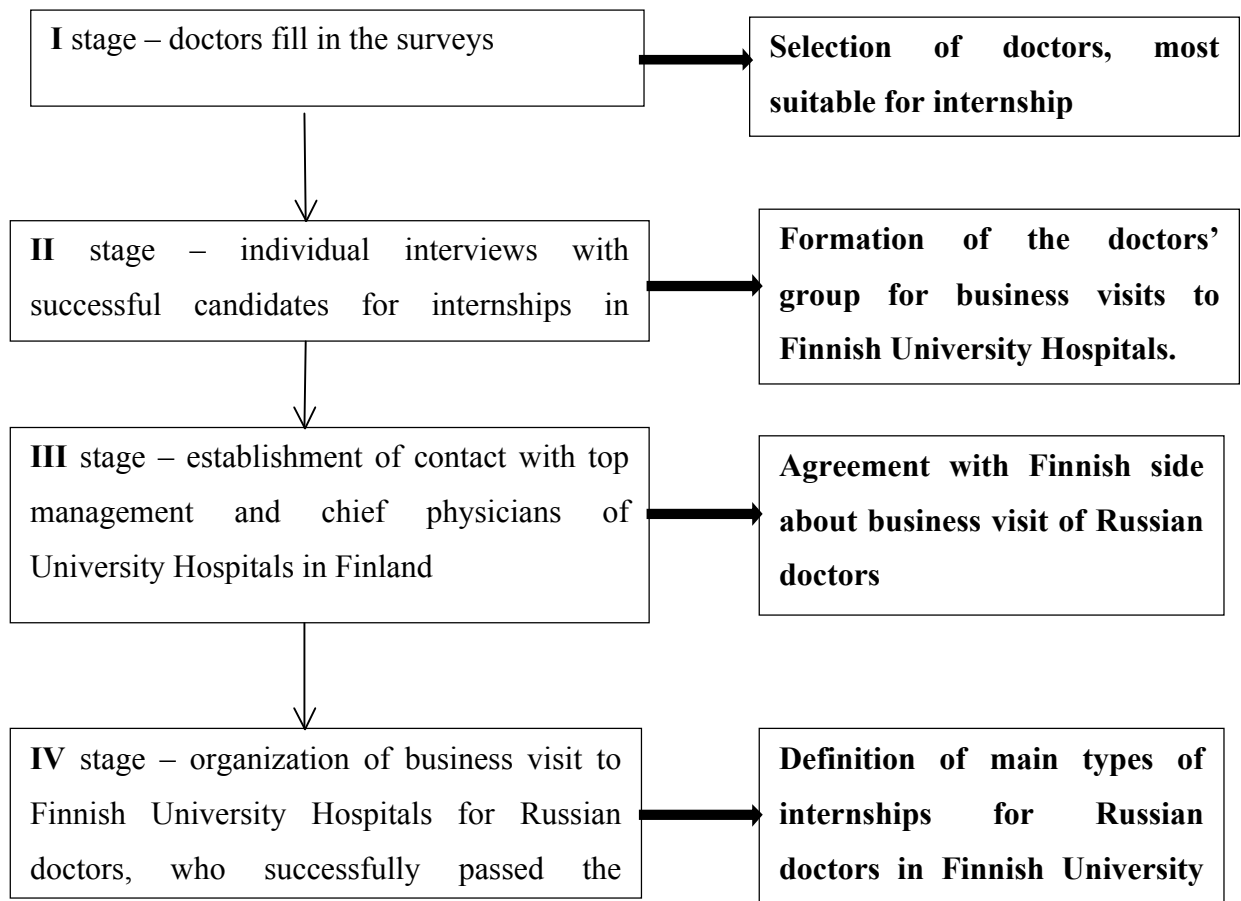


Fig .3 : The scheme of research organization

*The first stage* covered a screening research – interrogation of Russian doctors of various specialties by means of specifically developed questionnaire (Appendix 1).

*At the second stage* each doctor, who had successfully passed the screening process, was invited to participate in the semi-structured individual interview composed of two parts. The first part addressed the issues comprised in the questionnaire, so as to precise the provided information. The second part was conducted in accordance with the checklist provided in Appendix 2. This part of the interview pursued the main objective of studying the professional interests of candidates for the internship, the level of qualification by means of solving case clinical problems, the goals and objectives pursued by the candidate within the framework of such internship, the preferable type of internship. Moreover, the level of proficiency in English was assessed in the course of this interview.

The main eligibility criteria for candidates were a successful passing of both interview stages. The most important criteria for passing these stages were sufficient level of skills, proficiency in the English language, manifestation of professional, not personal interest in the internship in Finland.

*At the third stage* of this research, contacts with the administration of university hospitals in Tampere, Turku and Helsinki were established. These healthcare institutions were selected, firstly, due to the fact that they were multi-field hospitals, which could ensure advanced training of doctors from various specialty fields. Secondly, strong interrelations of these hospitals with universities ensure a high quality of training based on contemporary achievements in medicine, as well as create the possibilities not only for practical training of doctors, but also for conducting research projects. To ensure the possibility of organizing research internships, contacts were established with the deans of medicine faculties in the universities of Tampere, Turku and Helsinki. These contacts were established both within the framework of personal visits to the aforementioned university hospitals and during business-meetings organized at the St. Petersburg International Forum of Health and the XVIII Russian National Congress “Man and Medicine” held at Lenexpo (2013).

*As a result of this stage*, it was agreed to organize a business-visit of Russian doctors from various specialty fields to the indicated university hospitals, in order to discuss the details of the conditions of future internships.

*The next stage* of research addressed the business-visit organization, which included assistance to Russian doctors in obtaining visas and international passports, booking tickets and hotels, as well as direct organization of doctors’ visits to the university hospitals in Finland. At the meetings with Russian doctors, the Finnish side was represented by the top management of the university hospitals (hospital directors, chief physicians, heads of various departments and deputies thereof), the deans of medicine faculties in the universities of Tampere, Turku and Helsinki.

These business-visits were structured pursuant to the following schedule: at first, the Russian doctors went on a familiarization tour around a hospital, in order to get acquainted with its activity organization and possibilities both for practicing doctors and research workers. Thereafter, the Russian doctors were divided into groups by specialty fields, and each group focused on their relevant field of expertise.

At the end of these visits to the hospitals, a round table was organized covering the discussion of interests manifested both by Russian doctors regarding their internship in any given university hospital, and by the Finnish side relating the experience sharing with Russian professionals. The main purpose was to determine the principal types of internship for Russian doctors in the university hospitals of Finland.



The main business meeting took place on 31st of January, 2014 in Turku University hospital. Dean of Medical Faculty, Director of the hospital district, Chairman of working group for the specialist training and Chief Physician for research took part in this meeting from Finnish side. They prepared five presentations. Russian group of doctors made presentation about system of medical training in Russia. After presentations, the delegation went to different specializations' departments and visited them under the guidance of the host professors. Later, all members of business visit were gathered in the conference room in order to discuss the possibilities of future cooperation between Finland and Russia in the field of professional medical trainings. At the end, the majority of the business-visit participants, both Russian and Finnish, were satisfied with its outcome.

### 3.2.2 Characteristics of investigated group

The first questionnaire stage of this research involved 300 doctors employed in various Russian medical and preventive institutions, including 195 (65.0%) men and 105 (35.0%) women. The age of the respondents ranged from 23 to 57 years and averaged at  $38.96 \pm 1,22$  years. The age pattern of this sampling frame is shown in Figure 4.

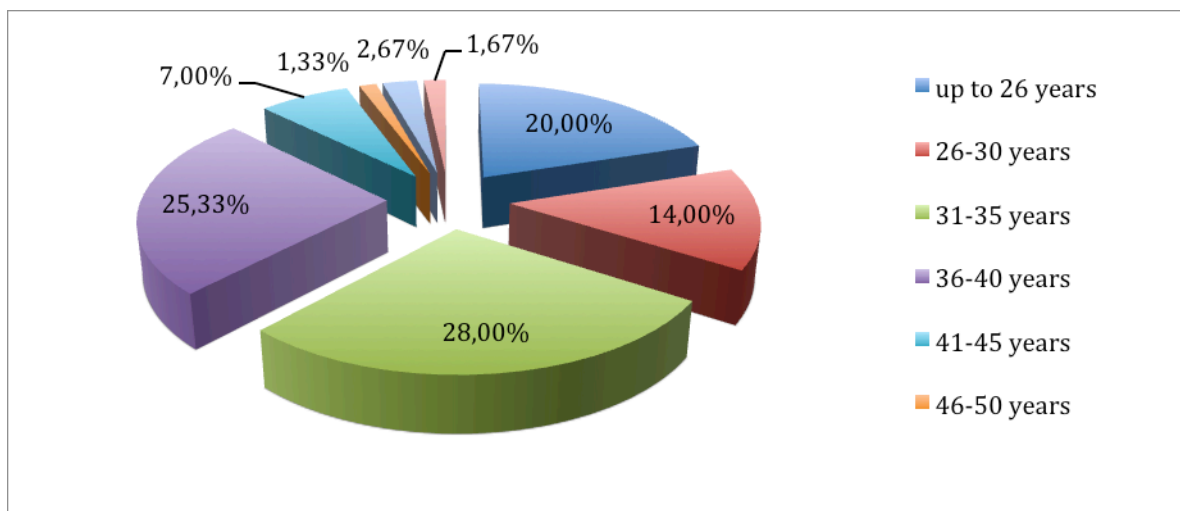


Fig. 4 The age structure of the study group

According to the data of this chart, the major part of the respondents were aged from 31 to 40 years – these persons constituted jointly more than a half of the sampling frame (53.33% - 160 pers.). The respondents aged over 45 years were least of all represented in the investigated group – just 5.67% (17 pers.).

As mentioned above, this research involved doctors from various specialty fields – the structure of the investigated group pursuant to this criterion is shown in Figure 5.

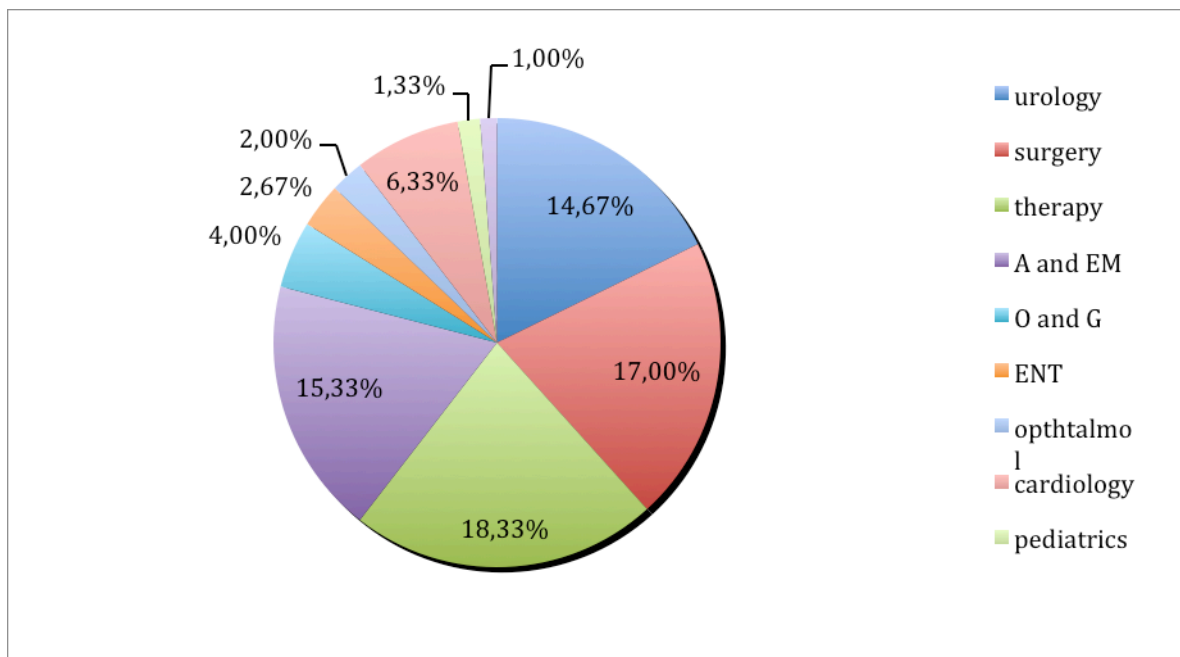


Fig. 5 Structure of study group in accordance with the specialty of respondents

Note: In Fig. 5 A and EM mean anesthesiology and emergency medicine, O and G mean obstetrics and gynecology, DV – dermatovenerology

While analyzing the chart data, one can note that the investigated group was mostly represented by physicians (18.33% - 55 pers.), neurologists (17.33% - 52 pers.) and surgeons (17.00% - 51 pers.). A smaller share covered the doctors of such specialty fields as anesthesiology and emergency medicine (15.33% - 46 pers.) and urology (14.67% - 44 pers.). The doctors of other specialty fields were represented within the investigated group in an extremely small amount.

Due to the study of the respondents' job positions, it was established that the majority of them were practicing doctors (Fig. 6).

According to the data of this chart, one fifth of the respondents were represented by internship doctors, whereas the smallest share – by the healthcare officials (heads of departments and chief doctors).

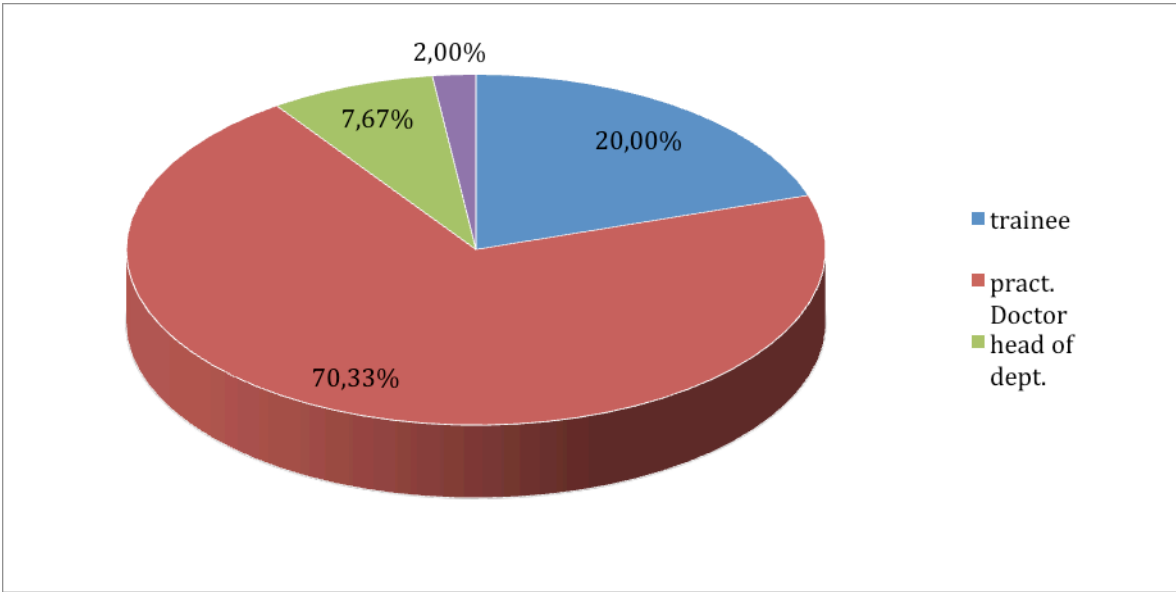


Fig. 6 Structure of the respondents' job positions

It shall be noted that the majority of the respondents were concurrently employed in public and private healthcare institutions – 71.67% (215 pers.). The rest of the respondents (28.33% - 85 pers.) were employed solely in public medical and preventive institutions. Therefore, the majority of them were employees of inpatient clinics (45.0% - 135 pers.), whereas a smaller part thereof worked in outpatient clinics (24.33% - 73 pers.) (Fig. 7).

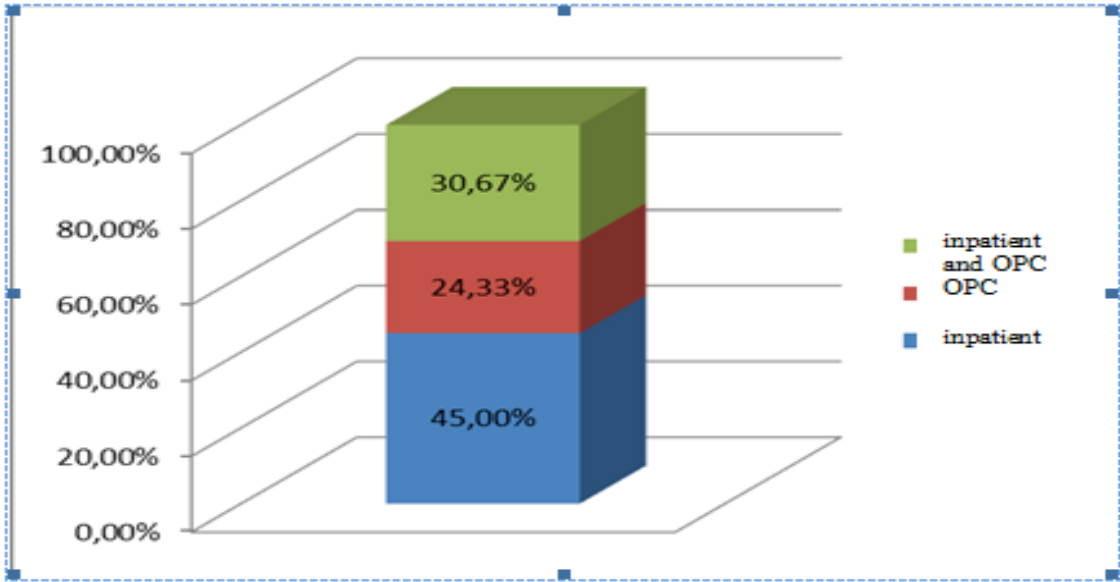


Fig. 7 Work places of respondents

Note: in Fig. 7 OPC means outpatient clinics

The work experience in specialty was assessed only for certified doctors, i.e. excluding internship doctors. It ranged from 3 to 32 years and averaged at  $14.83 \pm 1,21$  years. The structure of the sampling frame from the standpoint of work experience in specialty is shown in Figure 8.

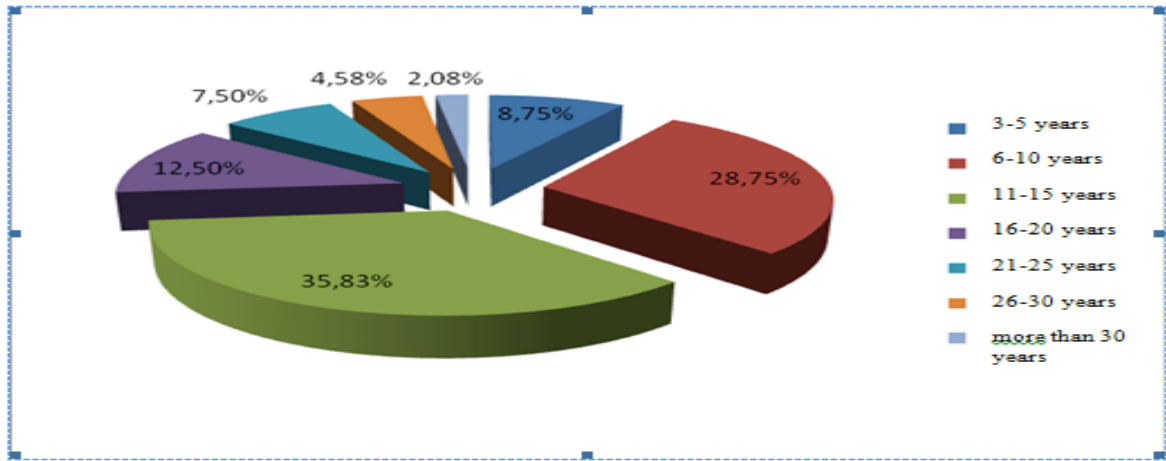


Fig. 8 Structure of the study group in accordance with experience of the respondents

According to the data of this chart, the majority of the investigated group was represented by doctors with work experience from 11 to 15 years (35.83% - 86 pers.). The investigated group was less represented by professionals with work experience from 6 to 10 years – 28.75% (69 pers.). The least share of this sampling frame was represented by doctors with long work experience over 30 years – just 2.08% (5 pers.).

As far as the majority of the respondent doctors had a fairly long work experience, it was quite naturally determined that most of them had a high qualification grade (Fig. 9). It shall be noted that the grades were studied also by reference to certified doctors only.

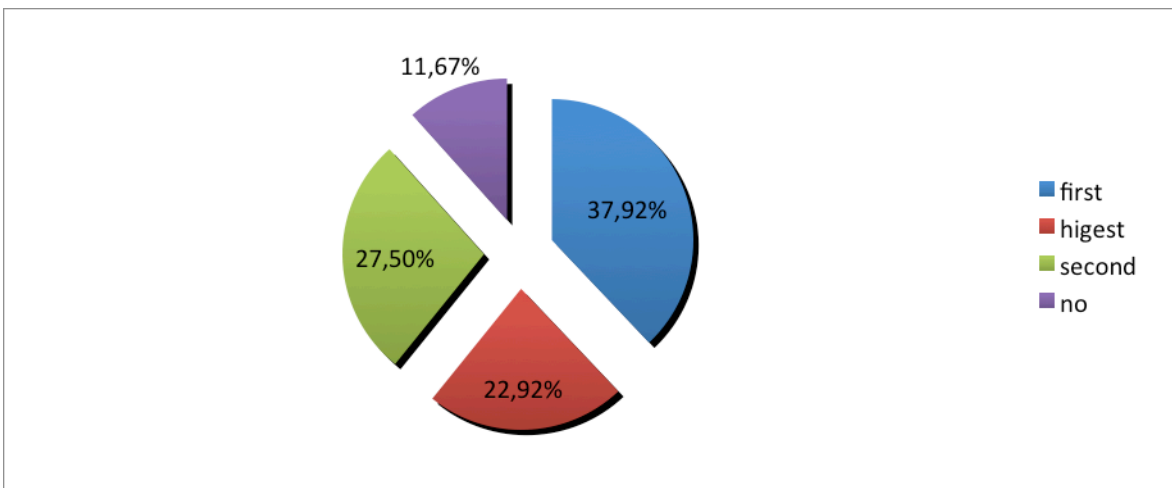


Fig. 9 Structure of study group in accordance with the professional category of respondents

While analyzing the obtained data, it was established that more than one third of the respondent doctors had the first qualification grade (37.92% - 91 pers.), whereas 22.92% (55 pers.) – the highest one. Hence, the majority of the respondents had a high qualification, but nevertheless desired to upgrade their skills. The obtained data is also of interest in terms of the mutual exchange of experience between Russian and Finnish doctors.

An academic degree was held by 36 (12.0%) respondents, including 2 (0.67%) Doctors of Science and the rest (11.33%) – Candidates of Medical Science.

In summary, the characteristics of the investigated group, it was established that the majority of the respondents were represented by men aged from 31 to 40 years, acting predominantly in such specialty fields as therapy, neurology and surgery. The respondents were predominantly practicing doctors, who are concurrently employed in public and private healthcare institutions. The average work experience in specialty within the group exceeded 10 years, and the majority of the respondents had a fairly high qualification grade.

## 4 Research results and findings

### 4.1 Results of the questionnaire survey of doctors

During the analysis of answers provided by doctors applying for internship in Finland, all questionnaire items were divided into several sets, so as to systemize the obtained data.

The first set addressed the respondents' experience in travelling to the European Union countries. As a result, it was revealed that only 31.0% (93 pers.) of the respondents had such experience, whereas international passport was held by the majority of them (75.33% - 226 pers.) (Fig. 10).

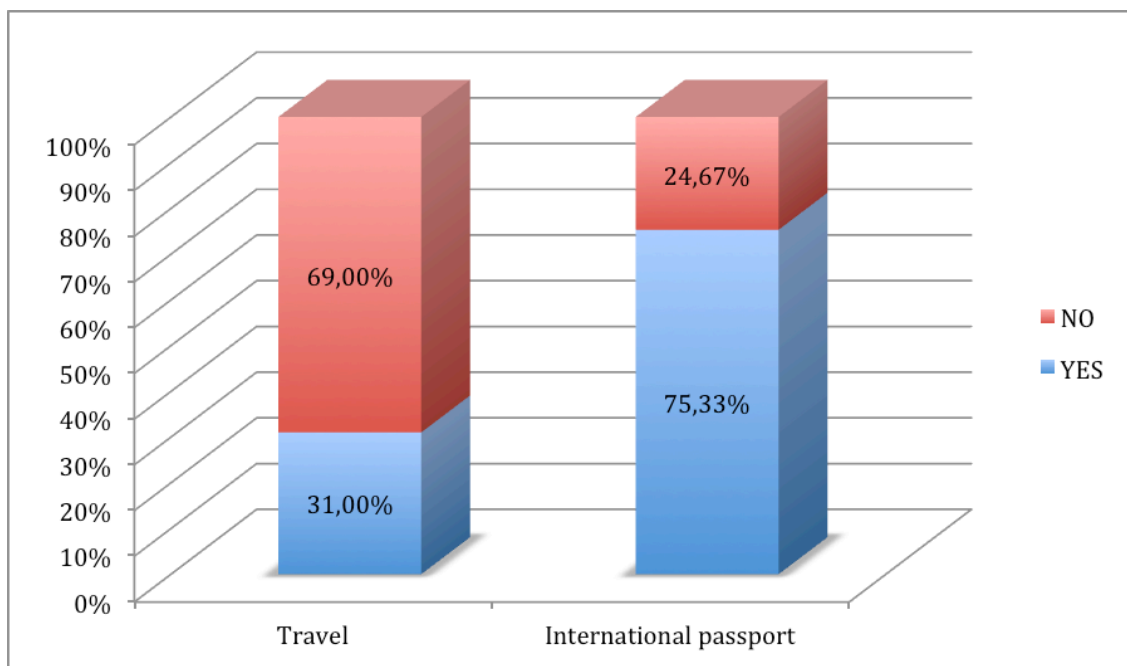


Fig. 10 The respondents' experience in travelling to the European Union countries and availability of an international passport

It stands to reason that the availability of international passport was considered as a favorable circumstance facilitating the process of documenting the candidates' travel to Finland. At the same time, the lack of any travelling experience to the European Union countries could complicate the stay in this country. It is notable that, notwithstanding the lack of experience in personal visits, the majority of doctors (202 pers. – 67.33%) considered Finland as a favorable country to live in, i.e. initially manifested a positive attitude to interning namely in this country.

The next set of questions addressed the respondents' awareness of the medical education system and healthcare delivery in Europe. The analysis of obtained data revealed that the doctors were aware rather of the healthcare delivery, than of the medical education (Fig. 11).

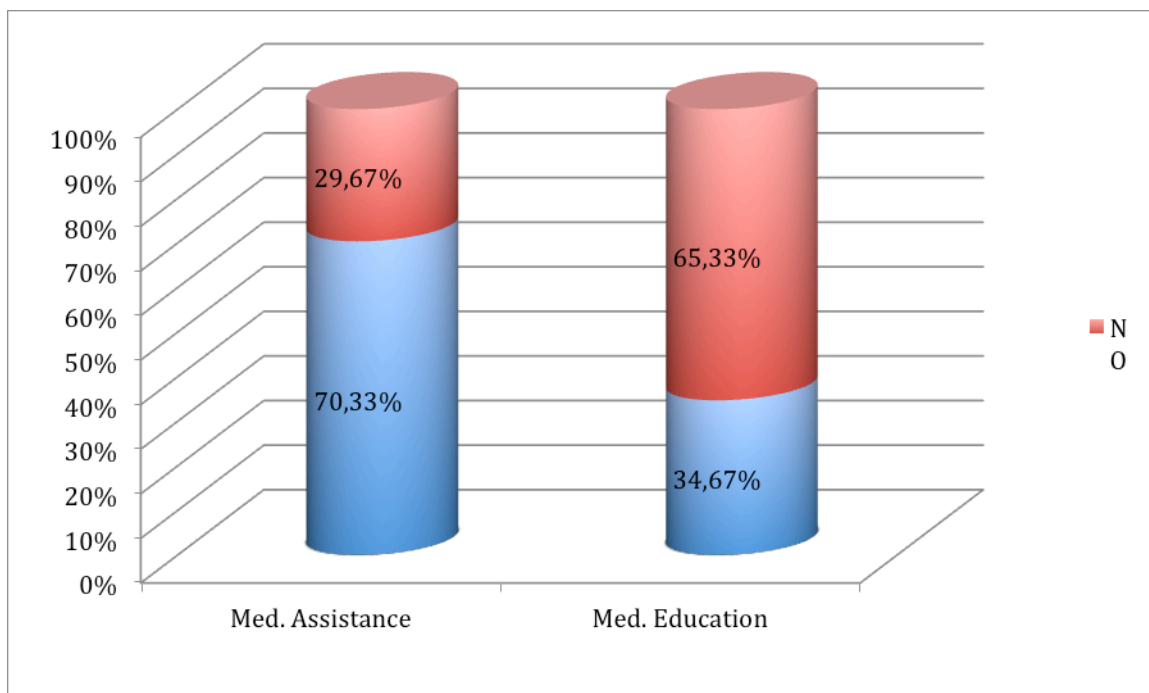


Fig. 11 The respondents' awareness of the European system of medical education and health care delivery

According to the data of this chart, the number of doctors aware of the healthcare delivery system in Europe was more than twice the number of those familiar with the European system of medical education. It is indicative of insufficient information activities carried out by the European educational institutions in Russia, and as well implies potential difficulties for internship candidates, due to the lack of knowledge about the educational system in Finland. The number of doctors who had any experience in communicating with foreign colleagues was also insignificant – just 17.67% (53 pers.).

The following set of questions was provided to study the doctors' interest in the personal advanced training (Fig. 12).

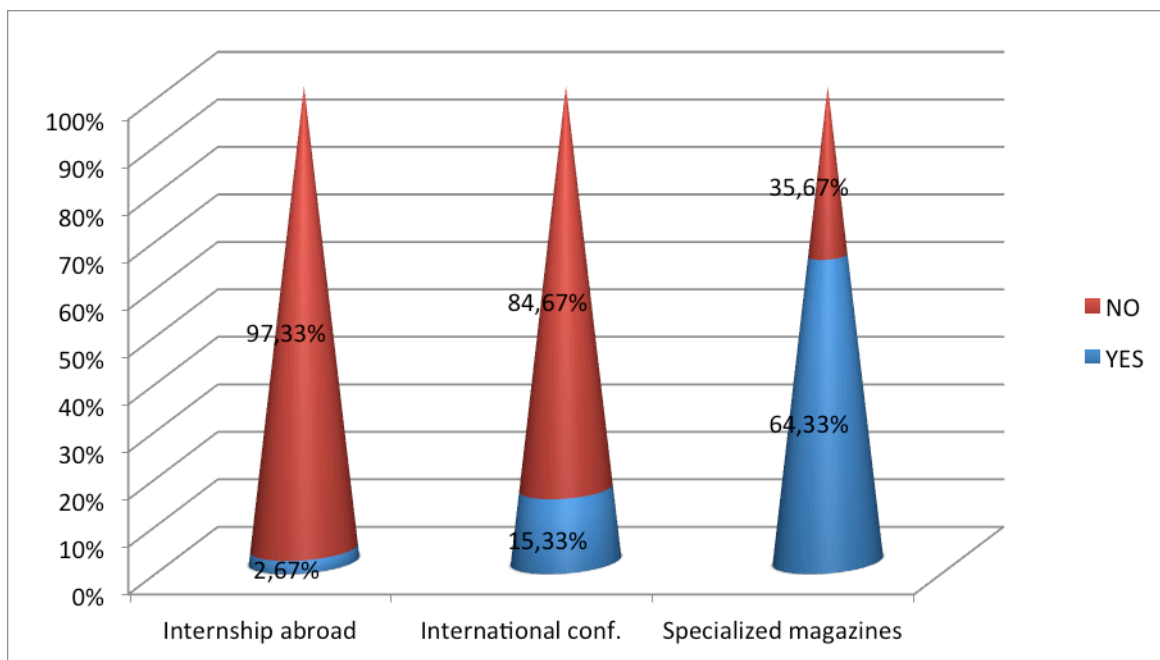


Fig. 12 The respondents' interest in the advanced training

According to the data of this chart, internships abroad were previously made by just 2.67% (8 pers.), whereas international conferences and seminars were attended by 15.33% (46 pers.). However, it is obviously not caused by the lack of interest, as far as more than a half of the respondents (64.33% - 193 pers.) are subscribed for specialized magazines.

Moreover, pursuant to the study of answers to other questions of this set, the majority of the respondents (207 pers. – 69.0%) made their internship at Russian medical and preventive institutions over the last 3-5 years. Of particular interest is the fact that 82% (246 pers.) of the respondents expressed their wish to make internship abroad, specifically in Finland. Thus, the absence of any internships during the previous period was, probably, caused both by organizational difficulties of this issue and by the lack of information on the possibilities of advanced training in foreign medical and preventive institutions.

To study potential obstacles for the organization of foreign internships, the respondents' answers to the following set of questions have been examined. As a result, it was revealed that insufficient knowledge of the English language proved to be the main obstacle (Table 1).



Table 1 Analysis findings on potential obstacles encountered by the respondent doctors against foreign internships

Potential obstacles	Answers of 300 doctors (abs./%)	
	Yes	No
Possibility to move	195 (65.0%)	105 (35.0%)
Knowledge of the English language	152(50.67%)	148(49.033%)
Availability of barriers hindering the departure	41 (13.67%)	259 (86.33%)
Payment for internship and accommodation in Finland	162 (54.0%)	138 (46.0%)
Payment for travel to Finland	198 (66.0%)	102 (34.0%)
Hostel accommodation conditions	243 (81.0%)	57 (19.0%)

According to the data of table 1, in addition to insufficient knowledge of the English language, certain financial problems, i.e. the impossibility to pay for travelling to and accommodation in Finland, including the payment for internship program, constituted the most frequent obstacles to traveling for internship in Finland.

While responding to the open-ended question on potential difficulties to be faced in the framework of internship abroad, the majority of the respondents (244 pers. – 81.33%) reported certain difficulties in communication due to insufficient knowledge of the English language. In rare cases, such potential difficulties referred to ignorance of customs and traditions, and differences in the standards of patient management.

The most interesting set of questions was dedicated to the study of doctors' desires to the organization and implementation of internships in Finland. The analysis of obtained answers revealed that the majority of the respondents would like during their internship, first and foremost, to master additional practical skills (247 pers. – 82.33%), whereas the accomplishment of personal academic interests was intended only by 53 respondents (17.67%). It shall be noted that in most cases these doctors had an academic degree and, probably, therefore intended to continue their scientific work in Finland. Thereat, 25.0% (75 pers.) of the respondents considered to have the knowledge and skills, which would be of interest to their Finnish colleagues, and were willing to share them. These respondents were predominantly represented by the doctors with highest grade and extensive work experience in the specialty (15 years and more), being as

well the holders of academic degrees. Therefore, their willingness to share experience with colleagues is of great interest for the Finnish side.

Furthermore, the majority of the respondents preferred to make an individual internship – 73.67% (223 pers.), the optimal duration of which should constitute, in their opinion, 3 weeks (Fig. 13).

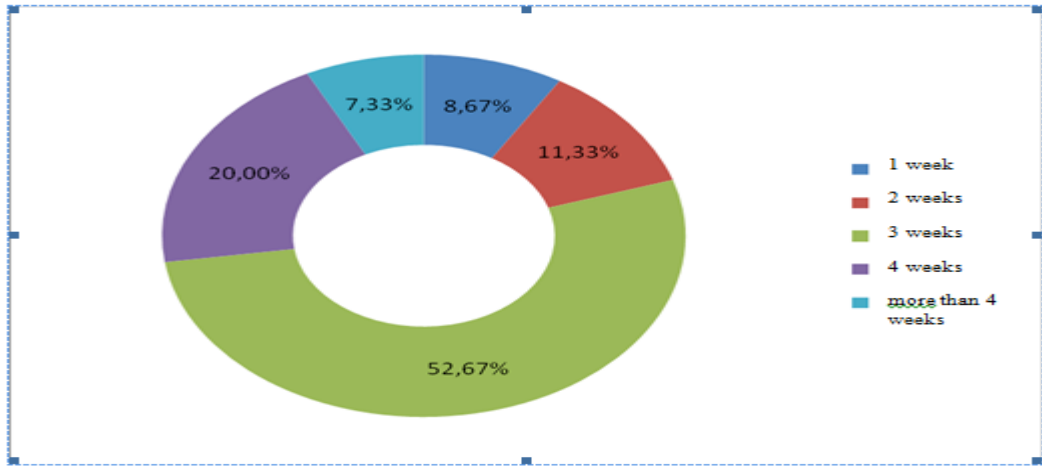


Fig. 13 Opinion of the respondent doctors about the desired duration of foreign internship

The study of the respondents’ desires to the content of their internship revealed that the majority of the respondents (61.0% - 183 pers.) would like to combine the acquisition of new practical skills with profound theoretical knowledge by attending seminars and lectures (Fig. 14).

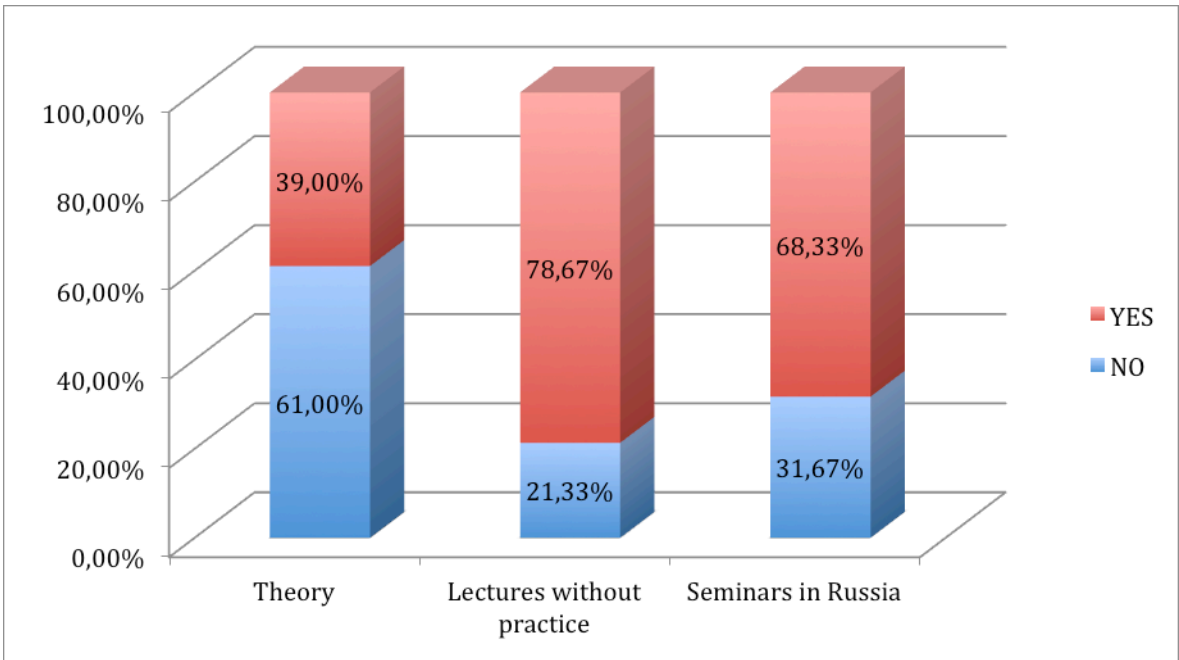


Fig. 14 Desires of the respondent doctors to the content of foreign internship

The study of data presented in Fig. 14 obviously reveals that the majority of the respondents intended predominantly to acquire new practical skills combined with theoretical knowledge – the share of the respondents who would like just to attend a course of lectures without any practical support constituted only 21.33% (64 pers.). The number of doctors, who would like to attend a course of lecturers conducted by a foreign professional in Russia, was also relatively small. It emphasizes once again the practical orientation of the respondents' preferences.

It is interesting to note that for the sake of acquiring new skills and knowledge, the majority of the respondent doctors were willing to make their internship under changing local conditions (Table 2).

Table 2 Willingness of the respondent doctors to satisfy the terms of internship in Finland

Terms of internship	Answers of 300 doctors (abs./%)	
	Yes	No
To fulfill the duties of an assistant officer employed in the Finish healthcare institution	203 (67.67%)	97 (32.33%)
To start the working day lasting 7-8 hours at 8.00 am	248 (82.67%)	52 (17.33%)
To manifest their communication skills to the fullest degree	261 (87.0%)	39 (13.0%)
To obtain documentary evidence of the made internship	293 (97.67%)	7 (2.33%)

According to the data of table 2, the majority of the respondents are willing to fulfill during their internship the duties of an assistant officer employed in the Finnish healthcare institution. It is interesting to note that a positive answer to this question was given, inter alia, by the respondents with extensive work experience and managerial positions (heads of departments). It emphasizes the interest of the respondent doctors in the foreign internship. Therefore, the overwhelming majority of the respondents accepts the early commencement of the working day and is willing to manifest its communication skills to the fullest degree. At the same time, almost for all

doctors it was important to obtain a documentary evidence of the internship – obviously, due to the fact that it would contribute to their career progression in Russia.

Opinions of doctors about the desirability of sightseeing and cultural activities were divided almost equally – 57.33 % (172 pers.) considered that such a program within their internship was not mandatory, whereas 42.67% (128) of the respondents supported such programs.

In summary, the questionnaire survey of doctors in Russia established that the majority of them didn't have any obstacles to travel abroad for internship, though their awareness of the European system of medical education was rather poor. Furthermore, the majority of the respondents manifested their interest in advanced training and acquisition of new knowledge, though they virtually hadn't previously opted to that end for such form as foreign internship. However, many respondent doctors manifested their interest in making an internship in Finland, being even willing to pay for it. At the same time, some of them didn't have sufficient knowledge of English, which would substantially complicate the process of internship in a foreign healthcare institution. As to the form of internship, the doctors would prefer to acquire new practical skills based on the individual program lasting about 3 weeks. Thereat, the majority of the respondents expressed their desire to combine the internship practical part with the improvement of their theoretical training. Furthermore, almost all doctors were willing to satisfy during the internship all conditions of the host party – covering functions/tasks to be fulfilled, commencement and duration of the working day, and accommodation conditions. In the end, they would like to obtain an official document evidencing their internship in the foreign healthcare institution. A half of the respondents didn't consider that the availability of certain sightseeing and cultural activities should be mandatory.

#### **4.2 Results of individual professional interviews**

Based on the results of the questionnaire survey, a new, narrower sampling frame was formed comprising 152 doctors (132 men (86.84%) and 20 (13.16%) women), who desired to make their internship in healthcare institutions of Finland, being sufficiently proficient in English and having no obstacles to the departure abroad for the term of more than two weeks. Furthermore, while selecting the candidates for the trip, a special attention was paid to such factors as willingness to satisfy the terms of internship (fulfillment of official duties, commencement and duration of the working day, etc.), as well as the possibility of paying for the internship, travel to and accommodation in Finland.

The doctors included into this group underwent a semi-structured interview. Since many interview questions, in fact, repeated those contained in the questionnaire, so as to precise and extend the data obtained at the previous stage, we will focus on the eligibility criteria of the candidates for a business-visit to Finland. Similarly to the questionnaire stage, the interview questions were divided into several sets, so as to structure the received data.

The first set of questions aimed at studying the doctors' professional interest in the internship. Preference was given to those, who considered medical practice as their vocation (decided to become a doctor in childhood (68.42% - 104 pers.), who immediately chose the specialty field (77.63% - 118 pers.)), as well as could expressly define the scope of their professional interests (78.95% - 120 pers.). Furthermore, the degree of importance attributed by a doctor to his/her professional and personal advancement was also taken into consideration. It is interesting to note that all respondents (152 pers. – 100%) considered it essential. Preference was also given to those doctors, who didn't have any conflicts with patients (75.0% - 114 pers.) and the management of their healthcare institutions (86.18% - 131 pers.), as well as were stress-resistant (75.66% - 115 pers.).

The next set of questions aimed at studying the doctors' personal traits. In particular, the candidates for internship should not have any bad habits which can interfere professional life, such as tobacco smoking and alcohol consumption, which was revealed in 99 cases (65.13%). Thereat, alcohol was consumed by very few respondents (21 – 13.82%), whereas smoking was far more represented within the sampling frame (53 pers. – 34.87%). As to the questions about character traits, achievements and potential changes in life, preference was given to the doctors, who answered to such questions by mentioning their professional characteristics (116 pers. – 76.32%).

Further on, the interview revealed any previous experience of the candidates in travelling abroad. Evidently, preference was given to those who already had gained such experience (133 pers. – 87.50%) and, in particular, had already visited Finland (26 pers. – 17.11%). However, the analysis of received answers established that, although almost all doctors had travelled abroad in the past, in most cases (111 pers. – 73.03%), such travels were not business ones, but rather tourist trips with recreational purpose.

The most important set of questions aimed at studying the doctors' desires to the internship program and organization. Thus, it was revealed that the overwhelming majority of the respondents (140 pers. – 92.11%) would like to acquire during the internship new knowledge

and skills, not just to extend the available ones. Thereat, the most of the respondents were willing to fulfill during the internship the duties of a general practitioner (78 pers. – 51.32%).

Based on the results of the interviews and tests for proficiency in the English language, as well as upon studying professional skills through the solution of case problems, there was formed a group of doctors comprising 94 persons, who were invited to participate in a business-visit to the Finnish university hospitals.

At the same time, several internship programs were developed, taking into account the desires and interests of the respondent doctors, including, inter alia, several options.

First option is an individual internship in the specialty lasting 2-3 weeks, comprising additional attendance of lectures and seminars in the specialty and certain sightseeing and cultural activities. Second option is a group internship in the specialty lasting two-three weeks, comprising additional attendance of lectures and seminars. Third option is an individual internship in general practice lasting 2-3 weeks, comprising additional attendance of lectures and seminars. Forth option is a group internship in general practice lasting 2-3 weeks, comprising additional attendance of lectures and seminars.

Following such business-visit, the representatives of Russian and Finnish sides were interviewed, so as to examine their satisfaction with the undergone event. As a result, it was revealed that the majority of Russian doctors (90 pers. – 95.74%) and representatives of the Finnish side (12 pers. – 92.31%) were satisfied with the business-visit. Moreover, the Finish colleagues are intending to make a return visit to Russia, so as to promote the internship for doctors in Finland, as well as to study the possibility of internship for Finnish doctors in the Russian hospitals.

From the interviewees, candidates for a business-visit to Finland were selected. Therefore, preference was given to the doctors with professional interest in the trip, conflict-free, stress-resistant, without any bad habits, as well as fully aware of the goals and objectives of internship abroad. Sufficient knowledge of the English language constituted a fairly important aspect of this selection. Based on such interrogation, several internship programs in Finland were elaborated based on the doctors' desires and professional interests. Efficiency of the performed activities was evidenced by the results of interrogation conducted both with Russian and Finnish doctors – the majority of them were satisfied with the outcome of the business-visit.

### **4.3 Suggestions for the establishment and development of cooperation**

To establish and expand collaboration between Russia and Finland in the vocational training of highly-qualified medical professionals, it is recommended, first and foremost, to select the candidates for such training. This selection shall be conducted through two stages – questionnaire stage and interview stage. The first stage pursues the objective of selecting the candidates, who are mostly interested in the vocational training, as well as who meet the eligibility criteria (sufficient proficiency in the English language, willingness to satisfy the conditions of the host party, possibility to pay for the training, travel and accommodation, absence of any obstacles to the departure abroad for a fairly long term). The second stage pursues the objective of selecting the doctors, who are mostly qualified for the training in foreign healthcare institutions – with more pronounced professional interest, fully aware of the goals and objectives of the training, conflict-free, stress-resistant, without any vicious habits, etc.

At both stages of selection, the vocational training program is also determined and specified, taking into account the candidates' desires, and after that final groups of doctors are formed. Therefore, a special group should be formed for doctors with high qualification, extensive work experience and, probably, academic degree, and willing to share their knowledge and experience with foreign colleagues. The internship program shall stipulate for such doctors the possibility of conducting seminars, master-classes, lectures and other forms of sharing the experience with foreign colleagues. Certainly, the preliminary program of anticipated activities shall be agreed upon by all parties.

In addition to the practical part (employment within the departments subject to the doctors' specialty field), the internship programs shall include the possibility of attending seminars, lectures and lessons in the educational institutions housed within the corresponding healthcare institution, so as to acquire and refresh both practical skills and theoretical knowledge of the trainees. The internship program shall be completed with sightseeing and cultural activities only at the doctors' option, predominantly in cases of group internships

Upon the formation of groups, it is recommended to assist in the immediate organization of the trip – obtaining the international passport, visa, booking tickets for transportation, booking hotels, etc. It represents a very important issue, as far as the majority of Russian doctors do not have any experience in traveling abroad, while a part of them doesn't have any international passport, which may cause certain obstacles to their internship abroad.

Before the departure, it is recommended to provide the trainees with a course of lessons, which would cover the specificity of training medical staff and medical delivery in the European countries, in particular, in Finland. Furthermore, at least, one lesson shall be dedicated to the study of customs and traditions in Finland, etiquette rules, behavioral peculiarities of Finns in their everyday life, etc. This section is very important, since most of Russian doctors have never visited Europe, they are poorly familiar with the educational system of medical staff in Europe, the medical delivery system. Moreover, it's important to consider that the lack of knowledge about customs and traditions of the country could create obstacles to their internship.

Upon the trainees' arrival and accommodation in Finland, they shall be accompanied over the whole term of their internship. It is necessary to monitor the progress of internship, reveal problems, if any, and resolve them immediately, take into account the trainees' desires appearing during the internship (replacement of the supervising doctor, probably, replacement of the hospital, etc.). Upon the completion of the internship, it is recommended to interview the participants, so as to assess the trainees' satisfaction with their internship in the Finnish hospitals, including their desires for the future. Furthermore, representatives of the Finnish side shall also be interviewed, in order to take into account their desires and claims, while selecting the subsequent group of Russian doctors.

It is recommended to interview the trainees after several months once again, so as to assess the practical applicability of knowledge and skills obtained during the internship, including the influence of the internship in a foreign hospital on the doctor's career.

Similar actions shall be taken, while organizing the training of Finnish doctors in the Russian hospitals.

Summary of results and recommendation is shown on Table 3.

Research results	Recommendations
1. Surveys specially developed for the selection of candidates for an internship in a foreign hospital (Appendixes 1, 2).	1. To conduct a preliminary selection of candidates for an internship in a foreign hospital using questionnaires designed by the proposed algorithm.



<p>2. An algorithm for the selection procedure for internship in a foreign hospital: a survey → semi-structured individual interviews (study of professional interests, level of professional skills, goals and objectives of the internship, the preferred type of internship) → evaluation of the level of English proficiency.</p>	<p>2.To develop an internship program in a foreign hospital in differentiated way - depending on the availability of a scientific degree and interest in scientific contacts with foreign colleagues.</p>
<p>3. Identified the priority forms and duration of doctors' internship in a foreign hospital: individual or group training period of 2-3 weeks.</p>	<p>3. While developing the internship programs certain attention should be paid to the opportunity of improvement the theoretical knowledge of trainees by inclusion in the program attendance of lectures, seminars.</p>
<p>4. The main obstacles for completing the internship in a foreign hospital: lack of English language skills, bureaucracy problems and the inability to pay for the internship</p>	<p>4. To assist in the preparation of documents necessary for an internship in a foreign hospital</p>
<p>5. Basic variants of doctors' internship in a foreign hospital:</p> <p>Type A: individual training in the specialty of 2-3 weeks with the attendance of lectures and seminars in the specialty, and (optionally) with sightseeing and cultural activities;</p> <p>Type B: group training in the specialty of 2-3 weeks with the attendance of lectures and seminars (or without);</p> <p>Type C: individual training for general practice of 2-3 weeks with the attendance of lectures and seminars;</p> <p>Type D: group training for general practice of 2-3 weeks with the attendance of lectures and seminars (or without)</p>	<p>5. Before leaving for an internship in foreign country it's highly recommended to provide trainees with study sessions, which cover features of medical training and medical care in the country of training, its customs and traditions.</p>

6. A pilot project of Russian doctors training in Finnish clinics is successfully implemented: more than 20 Russian doctors participated in a business visit to the Finnish Hospital	6. To Accompany trainees in the host country for the duration of training
	7. After completion of internship it's necessary to conduct a survey of its members to assess their satisfaction with the process and to identify gaps and disadvantages
	8. After completion of the internship it's recommended to interview representatives of the host country in order to take into account their wishes and claims in the further recruitment of trainees
	9. A few months after the internship it's needed to re-survey the physicians in order to assess the practicality of the knowledge and skills obtained during training, as well as the impact of training in a foreign clinic on medical career of each doctor.

Table 3. Summary table of the research results and recommendations

If to sum up, based on the conducted research, there have been developed certain proposals on establishing and expanding collaboration between Russia and Finland in the vocational training of highly-qualified medical professionals. Due to the implementation of such proposals, it will be possible to enhance the quality of doctors' training both in Russia and Finland, which will eventually favorably affect the public health in these countries.

## 5 Conclusions

At present, the issue of enhancing the quality of medical staff training represents a topical moment almost in all countries. This is due to the significance attributed to maintenance and strengthening of public health – a task pursued by the governments of the majority of countries. However, today, in the context of globalization, the qualitative training of doctors in the educational system of each separate country has become almost impossible. It is necessary to maintain an intensive exchange of experience between doctors in different countries, to develop standardized approaches to the treatment of certain pathologies, etc. All these factors impose the necessity of additional training of medical staff, aiming at improvement of their skills in foreign educational, medical and preventive institutions. It shall be noted that upon the establishment of an integrated European space, similar approach to the medical staff training became quite common in Europe. However, this practice has not been instituted in Russia yet. Meanwhile, Finland is the closest neighbour of Russia, it has a highly developed healthcare system, as well as the medical staff training system. However, collaboration in this sphere between these two countries is almost not manifested. In this regard, the conducted research shall be considered relevant and significant.

Upon the analysis of theoretical aspects of this issue, it has been determined that the multi-level healthcare system in Finland is noted for its high level of development. This is confirmed by a decrease in mortality and increased life expectancy of people in this country, including the gain in the standard of health. In recent years, Finland has paid much attention to the preventive medicine, which could substantially reduce the morbidity and mortality due to a number of intractable non-communicable diseases, including cardiovascular pathology. Furthermore, the country develops modern biomedical technologies and medical tourism.

The process of training of medical personnel in Finland is fairly continuous and multi-level. It involves modern teaching methods, under which theoretical training is combined with acquisition of practical skills. Licensed doctors continuously develop professionally and improve their skills through internships, participation in conferences and symposiums.

Russia also has a highly-efficient multilevel system of medical staff training. It combines the study of the fundamental disciplines with practical activities in hospitals. Continuous professional development is assured through the postgraduate education system, in which an important role is attributed to such form of training as internships. At present, internships in

foreign hospitals and educational institutions are increasingly popular, as they contribute to the advanced training of doctors.

The main internship principles cover the following: consistency, scientific character, medical value, focus on the development of the healthcare employee, individualization, combination of internship with self-education. Any internship shall pursue the objective of acquiring by the doctor of new medical techniques, technologies, enhancing theoretical and practical knowledge in a particular area of medical activity.

In this regard, Finland is of great interest to Russia. It is due to a high healthcare level in Finland and effective system of doctors' training in this country. However, at present, collaboration between these two countries is limited to individual internships of Russian doctors, as well as familiarization visits and collaboration at the level of individual higher education institutions.

This research has been conducted to study the possibilities of establishing collaboration between Finland and Russia in the field of training of highly-qualified medical staff. It was structured into several stages, commencing from establishing contacts with Finnish hospitals and universities, and ending with the selection of internship candidates among Russian doctors. Upon the examination of their traits through a questionnaire survey, it was established that the majority of them were men aged from 31 to 40 years, practicing in such specialty fields as therapy, neurology and surgery for 10 years and more. The respondents were predominantly represented by practicing doctors. They were concurrently employed in public and private healthcare institutions. Most respondents had a fairly high qualification grade.

Further, it was established that the majority of the doctors didn't have any obstacles to travel abroad for the internship. Many of them were interested in making internships in Finland, though they didn't have any foreign internship experience and were poorly informed about the European medical education and healthcare system. Furthermore, some of them were not sufficiently proficient in English. Doctors preferred to acquire new skills and enhance their theoretical training based on individual programs lasting 2-3 weeks. Virtually all doctors were willing to satisfy during the internship all conditions of the host party – covering functions/tasks to be fulfilled, commencement and duration of the working day, and accommodation conditions.

At the interviewing stage, final candidates were selected for a business-visit to Finland. Thereat, preference was given to the doctors with professional interest in the trip, conflict-free, stress-resistant, without any vicious habits, as well as fully aware of the goals and objectives of

internship abroad, and proficient in English. Based on the results of such interview, several programs of internship in Finland were developed.

Thereafter, the Russian doctors were assisted in the arrangement of their trip – preparation of the necessary documents, booking of tickets, etc., as well as were directly accompanied during the visit. The main business meeting took place on 31st of January, 2014 in Turku University hospital. Dean of Medical Faculty, Director of the hospital district, Chairman of working group for the specialist training and Chief Physician for research took part in this meeting from Finnish side. They prepared five presentations. Russian group of doctors made presentation about system of medical training in Russia. After presentations, the delegation went to different specializations' departments and visited them under guidance of host professors. Later, all members of business visit were gathered in the conference room in order to discuss the possibilities of future cooperation between Finland and Russia in the field of professional medical trainings. At the end, the majority of the business-visit participants, both Russian and Finnish, were satisfied with its outcome.

Based on the conducted research, certain proposals have been developed on establishing and expanding collaboration between Russia and Finland in the vocational training of highly-qualified medical professionals. Due to the implementation of such proposals, it will be possible to enhance the quality of doctors' training both in Russia and Finland, which will eventually favorably affect the public health in these countries.

Results of the research can be considered as reliable and valid, since they were obtained while studying the big group sample. This sample was formed according to the principle of random selection in order to satisfy the requirements of principle of representativeness. In addition, studied sample included doctors of different specialties, different age groups, both men and women in roughly equal proportions. These factors allow to exclude any influence of such factors as the heterogeneity of gender or age composition, etc. Moreover, the reliability of the results increases due to the fact that they have been conducted by methods of variation statistics.

At the same time, the applicability of the obtained results and formulated recommendations is limited. Results can be used for the organization of cooperation in the trainings of medical professionals only between countries, which have similar to Russia and Finland system of doctors' trainings. For cooperation with the countries where medical training is completely different, it is necessary to conduct independent research. Obviously, further research can be a continuation of this work, since in European countries there is a growing interest nowadays in

studying the experience of traditional medicine of Asia (China, Tibet, etc.). In addition, the continuation of this work seems to be very promising in terms of co-operation between Russia and Finland in the preparation of scientific and medical personnel and organization of joint research.

Thus, this research allows concluding three main aspects.

*First aspect* deals with current state of situation. Cooperation between Russia and Finland in the field of medicine is currently limited to individual internships of Russian doctors in Finnish hospitals, as well as familiarization visits. Cooperation is made on the level of individual institutions.

*Second aspect* deals with Russian doctors. They are showing great interest and readiness for trainings in Finland. Conducted research suggests the possibility of their organization with the result that satisfies both Russian and Finnish side.

*Third aspect* refers to recommendations. This study developed certain recommendations for the selection of candidates for training, content of those trainings. Given recommendations also deal with preparation and support of doctors during their training and evaluation of internship' effectiveness.

All conclusions allow to claim that the objective of the study is achieved and the opportunities for cooperation between Russia and Finland in the training of highly qualified medical professionals are identified.

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**Appendixes**

Appendix 1 Survey, which was made in order to develop suggestions for increasing cooperation between Russia and Finland in the field of highly skilled medical professionals' internships.

Appendix 2 Individual professional interview questions

## Appendix 1

Dear Colleagues!

This survey is conducted in order to develop suggestions for increasing cooperation between Russia and Finland in the field of highly skilled medical professionals' internships.

1. Age \_\_\_\_ 2. Sex \_\_\_\_
3. Specialty \_\_\_\_\_
4. Position \_\_\_\_\_
5. Place of work (private/public clinic)
6. Place of work (hospital for in-patients/ outpatient hospital)
7. Years of work experience in the specialty \_\_\_\_\_
8. License category \_\_\_\_\_
9. Do you have post graduate degree? \_\_\_\_\_
10. Have you been travelling to European Union countries during last five years? \_\_\_\_\_
11. Do you have valid foreign passport (for Russian citizens)? \_\_\_\_\_
12. Do you think that Finland is a country, favorable for living? \_\_\_\_
13. Are you familiar with the system of medical education in Europe? \_\_\_\_\_
14. Are you familiar with the system of health care provision in Europe? \_\_\_\_\_

15. Do you have experience in communication with foreign colleagues?  
\_\_\_\_\_
16. When was the last time you took an internship (work in other health care facility in order to acquire practical skills?) \_\_\_\_\_
17. Have you ever participated in internship or some professional training abroad?  
\_\_\_\_\_
18. Would you like to conduct an internship abroad (in Finland)? \_\_\_\_\_
19. Is it important for you to take part in different conferences and seminars (both domestic and international)? \_\_\_\_\_
20. Are you subscriber of specific medical magazines? \_\_\_\_\_
21. Are you thinking about moving to another country? \_\_\_\_\_
22. Do you have English languages skills (level Intermediate)? \_\_\_\_\_
23. Do you have certain knowledge/skills which can be shared with foreign colleagues?  
\_\_\_\_\_
24. Would you like to be engaged into scientific area? \_\_\_\_\_
25. Would you like to obtain additional practical skills? \_\_\_\_\_
26. Do you have any barriers in Russia, which can bother you to leave for internship in another country for more than 2 weeks time? \_\_\_\_\_
27. Which difficulties, in your opinion, you may face while being in foreign country?  
\_\_\_\_\_  
\_\_\_\_\_
28. If necessary, are you (your organization) ready to cover travelling and living costs in Finland? \_\_\_\_\_
29. Are you ready to live in hostels? \_\_\_\_\_

30. Is it importance for you to get an official certificate upon conducted internship?  
\_\_\_\_\_
31. Do you agree to work as a doctor's assistant in Finnish health care institution?  
\_\_\_\_\_
32. Which form of internships do you prefer (underline): individual or group?
33. Please state, what duration of internship is ideal in your opinion? \_\_\_\_\_
34. Can you start your 7-8 hours working day from 8 o'clock in the morning? \_\_\_\_\_
35. Are you ready to perform your best communication skills? \_\_\_\_\_
36. Is it important for you to get theoretical knowledge, for instance seminars and lectures, during your internship abroad? \_\_\_\_\_
37. Do you consider interesting for yourself seminars and internships without practical part abroad? \_\_\_\_\_
38. Does the organization of your cultural program play big role for you during your stay abroad? \_\_\_\_\_
39. Will it be useful for you if foreign professional of your specialty will come for a business visit and will conduct seminars and workshops? \_\_\_\_\_
40. Are you able to spend approximately 40 minutes of your time for conducting an interview with you by Russian speaking Master Degree student from Finnish University? \_\_\_\_\_

Thank you for your time and answers!

## Appendix 2

Individual interview with doctors from Russian Federation, who expressed their interest regarding internships and business trainings abroad (in Finland)

1st part of interview- discussion of the questions, which are relevant to the filled survey, clarification of unclear answers and comments in surveys.

2nd part of interview- detailed individual interview with the purpose of finding out professional wishes and possibilities of doctors. Another purpose of interview is to deepen acknowledgment both from professional and personal point of view with potential candidates for business trainings and internships in Finland.

### Interview, basic questions

Full name:

Date of birth:

Place of birth:

Current city:

Education (including all educational institutes as well as additional qualifications)

Marital status:

Years of work experience in the specialty:

Place of work (list all if there are several places of work):

- 1) At what age and why did you decide to become a doctor?
- 2) How and why did you choose your certain medical specialty?
- 3) How many hours per week do you work? Are you in full time position?
- 4) Approximate average income per month.
- 5) List your professional interests (both practical and scientific ones).
- 6) What duties exactly do you have in your everyday working life? What kind of the diseases do you normally treat?
- 7) What kind of field (skills) would you like to obtain? Would you like to deepen your knowledge or to obtain a new one? (Talking about business training)
- 8) How often do you travel abroad? (If you travel)
- 9) Have you ever been in Finland? What did you visit there? Share your opinion about this country. If you've never been to Finland, what stereotypes have you heard about it?
- 10) Which countries have you visited? Was it tourist or business trips mostly?
- 11) Check the knowledge of English language (both oral and written)
- 12) Discuss with interviewer more deeply what kind of internships would the most interesting. And what can be real to organize. Discover more deeply the field of interest, which internship should be related to. During the whole process of interview, discuss practical issues regarding the organization of business training. Find out about all bureaucratic issues (passport, visas, certificates and so on). Provide with information which candidate may need for business visit to Finland



- 13) What do you usually do in your free time, do you have any hobby?
- 14) How important it is for you to develop yourself in both personal and professional field?
- 15) Name three feature of character, which you like in yourself and three ones, which you don't?
- 16) Talking about this particular moment, what would you like to change in your professional life?
- 17) What is your opinion about health care system in Russia? What are the main advantages and disadvantages in it?
- 18) Health care system in Finland and abroad. What do you know about it? What are its advantages and disadvantages in your opinion?
- 19) Do you consider the possibility of moving abroad?
- 20) What do you think about general practice doctors? (In Russia this specialty is still quite new and not everyone is used to the system of general practice doctors)?
- 21) Are there any achievements you are proud of?
- 22) Are there any conflict situations with your patients? If yes, how often do they arise? How do you solve them? Have you ever been in conflict situation with your bosses (chief physicians)?
- 23) Are you interested in politics and International Affairs ?
- 24) If to talk about previous internships (business trainings), did you succeed to imply knowledge obtained there at your work place? Please provide concrete examples.