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Rije~ Uredni{tva

SPECIJALIZACIJA IZ INFEKTOLOGIJE U SVJETLU EUROPSKIH INTEGRACIJA

Specijalizacija iz infektologije, kao samostalna struka, u Hrvatskoj postoji vi{e od 50 godina, u ~emu smo prednja~ili u Europi.

Program se kroz godine postupno nadopunjavao sukladno dostignu}ima suvremene medicine.

Posljednjih 10-ak godina uvidjeli su se nedostaci i manjkavosti tog programa specijalizacije, posebno u odnosu na Europsku uniju, te se pristupilo izradi plana i programa specijalizacije, koji }e biti sukladan onome {to savjetuje UEMS (Union Europeenne des Medecins Specialistes) i {to preporu~a » europska direktiva«, a sa svrhom da svaki specijalizant unutar EU mo`e dobiti posao u svojoj struci bez posebnih nostrifikacija, i da mo`e dio specijalisti~kog sta`a obaviti izvan mati~ne zemlje.

Treba naglasiti da europski forumi po{tuju nacionalne interese svake ~lanice, uz uvjet da se ispune neke bazi~ne pretpostavke, jednake za sve.

U tu svrhu je osnovana radna grupa za izradu novog plana i programa specijalizacije iz infektologije, voditelj grupe je prof. dr. sc. Bruno Bar{i} iz Zagreba, a ~lanovi su prof. dr. sc. Tatjana Jeren, prof. dr. sc. Ilija Kuzman, doc. dr. sc. Antun Beus, doc. dr. sc. Adriana Vince, dr. sc. Goran Te{ovi}, prim. dr. Vjekoslav Mahovli} i mr. sc. dr. Mirjana Balen Topi} svi iz Zagreba, zatim prof. dr. sc. Ivan Soldo i doc. dr. sc. Ljiljana Peri} iz Osijeka, prof. dr. sc. Nikola Bradari} iz Splita, prof. dr. sc. Ivica Pavi} iz Rijeke, mr. sc. dr. Zdravko Andri} iz Po`ege, te dr. Jadranka Korda iz Vinkovaca.

Specijalizacija iz infektologije je do sada trajala 4 godine uklju~uju}i i godi{nje odmore, dakle aktivni program je trajao 44 mjeseca. Osnovni zahtjevi EU su da specijalizacije ne mogu trajati manje od 60 mjeseci, ne uklju~uju}i godi{nje odmore i drugo da svaka specijalizacija mora imati »zajedni~ko deblo« s bazi~nim programom, koji }e biti jednak u cijeloj EU.

Svi znamo da je infektologija struka koja obuhva}a cjelokupnu `ivotnu dob od ro|enja do smrti u starosti, i da je oko 40 % klasi~ne infektologije upravo u dje~joj i adolescentnoj dobi.

Infektologija je stoga vrlo kompleksna, interdisciplinarna struka, a u nekim segmentima treba biti i multidisciplinarno zahva}ena (neurologija, mikrobiologija), te je tako trebalo slo`iti i plan i program specijalizacije.

Najve}i je problem i do sada bio u tzv. infektologiji dje~je dobi, jer je u dosada{njem programu specijalizacije edukacija iz osobitosti fizilogije, patofiziologije i klini~kih slika u ranoj dje~joj dobi bila nedostatna, te su kolege, koji su se bavili infektologijom dje~je dobi, zavr{avali te~ajeve ili poslijediplomske studije iz pedijatrijske grupe.

Taj osje}aj nesigurnosti u vo|enju infektivnih bolesti posebno u novoro|ena~koj i dojena~koj dobi, nakon zavr{ene dosada{nje specijalizacije iz infektologije, je sigurno jedan od va`nih razloga, da se izvan Zagreba nisu na Infektolo{kim odjelima lije~ila novoro|en~ad i dojen~ad s infektivnim bolestima ve} na pedijatrijama, a infektolog je bio samo konzultant.

Novi program specijalizacije iz infektologije predla`e odmah dvije grane; infektologija za odrasle i infektologija za dje~ju dob, kao osnovne, a ne subspecijalizacije.

»Zajedni-ko stablo« za odrasle bi bila interna u trajanju od 24 mjeseca, a zatim još 36 mjeseci infektologije, u to vrijeme bi bila uključena neurologija i mikrobiologija.

»Zajedni-ko deblo« za dje-ju dob bi bila pedijatrija u trajanju od 36 mjeseci, a zatim infektologija u trajanju od 24 mjeseca na »Dje-jim« odjelima u Klinici za infektivne bolesti »Dr Fran Mihaljevi« u Zagrebu.

Uz ovih osnovnih 60 mjeseci specijalizacije, kandidat bi mogao odabrati i područje iz tzv. izbornih predmeta (kojima se se pretežno u budućnosti baviti), u trajanju od 6 – 12 mjeseci.

Prijedlog da osnovna specijalizacija traje 72 mjeseca je u današnje vrijeme protiv nacionalnim interesima, (ekonomskim, stručnim i demografskim), jer već sada nemamo dovoljno specijalista, a prosječna starost im je 56 godina, te postoji realna opasnost da ćemo morati »uvoziti« liječnike iz istovrsnih ili nerazvijenih zemalja bez mogućnosti izbora kvalitetnijih!

Svaki specijalizant odmah na početku dobiva »glavnog mentora« (specijalistu infektologa sa znanstveno nastavnim zvanjem), koji će ga voditi kroz sve vrijeme specijalizacije i biti odgovoran za njegovo znanje i napredovanje. Uz glavnog mentora svaki specijalizant će imati i »lokalne mentore«, priznate stručnjake za određena područja s najmanje 5 godina specijalističkog staža, što znači da će infektolozi i na manjim odjelima izvan velikih, moći biti mentori svojim specijalizantima u određenom dijelu specijalizacije, odnosno specijalizant će dio svog staža moći provesti u domicilnoj ustanovi.

Svaki specijalizant mora voditi dnevnik rada (»log book«), u koji će se upisivati dnevni program izvršenog rada na pojedinim odjelima, uz opisnu ocjenu i potpis »lokalnog mentora«. Na završetku jedne tematske cijeline programa polako se kolokvij pred lokalnim i glavnim mentorom, što se također upisuje u dnevnik rada.

Najmanje jednom godišnje vanjski »supervizor« koji može biti iz bilo koje zemlje EU, pregledava dnevnik rada i kontrolira što je kandidat savladao, s kakovim uspjehom i to se također upisuje u dnevnik.

Uloga mentora sada ostaje vrlo važna i odgovorna, jer on ocjenjuje uspjeh ili neuspjeh svog kandidata, te određuje kada je sposoban pristupiti završnom ispitu, odnosno da mu se prizna status specijaliste.

Nakon završenog programa »zajedničkog deblo« polako se ispit pred stručnjacima tog dijela programa uz nazočnost glavnog mentora.

Završni ispit (ako će uopće postojati) će biti razgovor uz rješavanje problema nekoliko bolesnika.

Program specijalizacije, popis vježbina i sadržaj dnevnika rada su sačinjeni i bit će još na raspravi prije definitivnog prijedloga.

Ostaje vrlo važno pitanje tzv. prijelaznog perioda, koji za naše prilike ne smije biti prekratak.

Naime, moraju se stvoriti uvjeti u dovoljnom broju specijalista infektologa, oba profila, da bi se mogao provoditi predloženi program. Uz kadrovske uvjete naravno da su neophodni i barem minimalni prostorni te opremljenost odjela za pojedine struke (upravo se na tome radi u Ministarstvu zdravstva i socijalne skrbi).

Predlaže se da u prijelaznom periodu i specijalizanti infektologije za odrasle, barem 6 mjeseci prođu edukaciju na odjelima za malu djecu u Klinici za infektivne bolesti u Zagrebu, da se na »terenu« mogu suočiti s problemima infektivnih bolesti u dječjoj dobi s kojima se sigurno susreću.

Uredništvo

Editorial

SPECIALIZATION IN INFECTIOUS DISEASES IN THE LIGHT OF EUROPEAN INTEGRATIONS

Specialization in infectious diseases, as an independent profession, exists in Croatia, as opposed to the rest of the Europe, for more than 50 years.

Over the years, the specialization program has gradually been updated in accordance with new achievements in modern medicine. In the last ten years, some deficiencies in specialization program have come to surface, especially concerning the European Union regulations. Therefore, new plan and program has been outlined, in accordance with the UEMS (Union Europeenne des Medecins Specialistes) recommendations and under European directives, in order for every resident within the EU to be able to find employment in his own profession, without necessary nostrifications, and so that part of his specialist training could be made outside the mother country.

It should be stressed that European forums respect national interests of every member country, if their program fulfills basic requirements, equal for all.

For that purpose, a working group was founded to develop a new plan and program of specialization in infectious diseases, consisting of the following members: Prof Bruno Bar*{i}* MD, PhD from Zagreb (chairman), Prof Tatjana Jeren MD, PhD, Prof Ilija Kuzman, MD, PhD, Assist Prof Antun Beus MD, PhD, Assist Prof Adriana Vince MD, PhD, Goran Te*{ovi}* MD, PhD, Vjekoslav Mahovli*{}* MD and Mirjana Balen Topi*{}* MD, MSc from Zagreb, then Prof Ivan Soldo MD, PhD and Assist Prof Ljiljana Peri*{}* MD, PhD from Osijek, Prof Nikola Bradari*{}* MD, PhD from Split, Prof Ivica Pavi*{}* MD, PhD from Rijeka, Zdravko Andri*{}* MD, MSc from Po`ega, and Jadranka Korda MD from Vinkovci.

Until now, specialization in infectious diseases lasted for 4 years including vacations, i.e. active program lasted for 44 months. Basic EU requirement is that specialization cannot be shorter than 60 months, not including vacations and that every specialization needs to have a »common trunk« with a basic program equal throughout the EU countries.

It is well known that infectology is a profession that covers the entire human age, from birth to old age and death, and that around 40 % of classic infectious diseases are encountered in pediatric and adolescent age.

Infectology is therefore a very complex, interdisciplinary profession, and in some segments should be approach from multidisciplinary point of view (neurology, microbiology). All this had to be taken into account when composing the new plan and program of specialization.

The greatest program so far presented pediatric infectology, because the current specialization program offered lacking training in physiology, pathophysiology and clinical presentations of infectious diseases in early childhood, so colleagues dealing with pediatric infectious diseases had to enroll courses or postgraduate studies in pediatrics. The feeling of insecurity in dealing with infectious diseases, especially in infants and newborns, even after completing current specialization, was for sure one of the reasons why pediatric patients with infectious diseases outside Zagreb were not treated at infectious disease departments but pediatric wards, with infectologists performing the role of consultants.

The new specialization program in infectious diseases proposes two branches: infectology for adults and infectology for children, as basic specializations, not subspecializations.

The common trunk for adult infectology would be internal medicine program lasting for 24 months, followed by 36 months of infectology, including neurology and microbiology.

The common trunk for pediatric infectology would be pediatrics lasting for 36 months, followed by infectology for 24 months at pediatric departments of the University Hospital for Infectious Diseases »Dr Fran Mihaljevic« in Zagreb.

Apart from these basic 60 months of specialization, the candidate would be able to choose an area from the so called »elective« courses (that he mostly plans to deal with in the future) lasting for 6 – 12 months.

The proposal that basic specialization lasts for 72 months is today against national interests (economic, professional and demographic), since we already lack enough specialists, and their average age is 56 years. So, there is a real danger that we would have to »import« doctors from eastern or undeveloped countries without the possibility to choose among those with more qualities!

Every resident is immediately assigned one »principal mentor« (specialists in infectious diseases with scientific degree) that would guide the trainee throughout the specialization process and would be responsible for the candidate's knowledge and advancement. Apart from the principal mentor, each resident will have local mentors, renowned experts for particular field of medicine with at least 5 years of working experience, meaning that even those infectologists working at smaller departments would be able to mentor their residents in particular areas of specialization, i.e. resident would be able to perform part of his/her specialist training at the domicile institution.

Each resident has to keep a log book, where daily activities at particular departments will be entered, with descriptive grade and signature of the local mentor. Upon completion of one thematic unit, a preliminary exam has to be taken in front of local and principal mentor, which is also recorded in the log book.

At least once a year, an external supervisor, coming from any EU country, checks the log book and controls the skills that candidate has acquired, the results that were achieved, which is also entered in the log book.

The role of the mentor becomes very important, because he evaluates the success or failure of the candidate, and determines when the candidate is ready to take the final exam, in order to be awarded the status of the specialist.

After completion of the »common trunk« program, an exam is taken in front of experts in charge for that particular field, with principal mentor present.

Final exam (if there will be any) will be a discussion and patient-related problem solving.

Specialization program, list of skills and log book content has been composed, and will be discussed before the definite proposal is made.

An important question remains the so called transition period which, considering our circumstances, must not be too short. Namely, conditions must be ensured beforehand, regarding sufficient number of specialists of both profiles, so that the proposed program could be implemented. Apart from adequate personnel, minimal conditions regarding space and equipment must be fulfilled (currently under review by the Ministry of Health and Social Sciences).

We propose that during this transition period, specialists in infectology for adults also undergo at least 6 months of training at pediatric departments of the University Hospital for Infectious Diseases »Dr Fran Mihaljevic«, Zagreb, so that they would be able to deal with the problems of pediatric infectology on the field.

Editorial Board