

in 2016. Accreditation centers were established in the regions to ensure the organizational and technical conditions necessary for the work of regional accreditation subcommittees. Management of the simulation center has changed significantly over the past 10 years; today, it is tasked with organizing the ongoing training and work of the teaching staff, implementing AI assistants, and planning strategic funding throughout the year to minimize risks.

Results

The floor space of Perm State Medical University Federal Accreditation Center used for the accreditation of specialists in 2026 totals 1,746.1 m². This is insufficient for the facility to operate at full capacity. During the busiest period of the summer accreditation session, stations for different specialties rotate in the same room at the center more than 15 times — this poses a significant organizational challenge. The constant replenishment of consumables and repairs to simulation equipment are funded by the university, which requires a systematic approach to procurement and financing. In 2020, when all specialties began the initial specialized accreditation process, the workload on the simulation center increased significantly. Human resources are essential to support the entire accreditation process. The accreditation site requires the coordinated work of specialists, while the university provides support staff. At the PGMU Federal Accreditation Center, full support is provided to candidates from the moment they enter the building until they complete the final stage. There are more than five categories of support staff; for the planned summer accreditation of 944 specialists with higher education, 534 support staff members were required. These costs represent a significant administrative challenge for the entire university, requiring systemic transformation.

Discussion

Over the past 10 years, the accreditation of specialists, like simulation-based training in medicine, has undergone a qualitative transformation. Simulation centers have become an integral part of the accreditation of medical universities and continuing medical education systems in many countries, including Russia. When organizing an accreditation site, it is essential to take into account the existing challenges in the field of simulation-based training, as this is a key prerequisite for ensuring high-quality preparation:

1. Resource and financial constraints: The high initial cost of simulation equipment, the expenses associated with its maintenance and upgrades, as well as infrastructure requirements. To address these issues, the center's two facilities employ sorting, organization, cleanliness, standardization, and self-discipline in their inventory management. Implementation of the "kanban" lean production workflow management method, for example, visualizing the process on a whiteboard during accreditation sessions.
2. Staff shortages and workload on faculty: Faculty members teaching clinical disciplines often lack dedicated (guaranteed) time to master complex simulation systems and develop high-quality scenarios.

Russia's first systematic training program for medical school faculty on the use of simulation technologies, offered as part of the continuing education course "Pedagogy and Psychology of Higher Education in the Context of the Modern Digital Learning Environment, Professional Communication, and Simulation-Based Learning"

3. Methodological and academic challenges: Many educational institutions lack context-oriented integration of simulations into curricula, which are already overloaded with theoretical material.
4. Technological and Ethical Challenges of AI Implementation: When integrating AI and generative models into simulation-based learning, a low level of digital literacy is evident among both students and faculty, as well as a lack of uniform standards for the ethical use of data, algorithms, and privacy protection.

Conclusions

The following areas represent promising directions for the development of a simulation center within the specialist accreditation system:

1. Integration of AI and adaptive learning: AI is used to create intelligent "virtual patients"
2. Development of immersive technologies and "digital twins": Robotic technologies, VR, AR, and mixed reality (MR) are becoming more accessible for training clinical reasoning. For example, the use of an anthropomorphic dental robot with a communication module in the training of dental students.
3. On-the-job simulations and interprofessional education: The focus is shifting toward conducting training directly in clinical departments; for example, on-site training sessions at hospitals in the Perm Krai to practice team collaboration when providing care to women with preeclampsia.
4. Improving Access to Technology: Development of low-cost solutions, cloud-based simulation platforms, and telemonitoring, as well as AI-powered simulation training assistants.

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ACCREDITATION AS A FACTOR IN THE PROFESSIONAL IDENTITY AND COMMITMENT OF MEDICAL PSYCHOLOGISTS

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Abstract. This paper examines the impact of the accreditation process and preparation for it on professional identity, commitment, and the subjective perception of one's own competencies among specialists in the field of medical psychology.

Scientific specialty: 3.2.3. Public Health and Health Care Organization, Sociology and History of Medicine.

Objective

The objective of this study is to assess the impact of the accreditation process and preparation for it on indicators

of professional identity, commitment to the profession, and subjective perception of one's own competencies among specialists in the field of medical psychology.

Materials and Methods

An anonymous survey was conducted among 231 specialists in the field of medical psychology. Depending on their experience with the accreditation process, respondents were divided into two groups: those planning to undergo accreditation ($n = 119$; 51.5%) and those who had completed the accreditation process ($n = 112$; 48.5%). The second group included 102 individuals who had completed initial specialized accreditation and 10 who had completed periodic accreditation. A five-point Likert scale ranging from 1 ("not at all") to 5 ("strongly agree") was used for the assessment. The questionnaire included items characterizing the impact of preparation and the accreditation process on the systematization of professional knowledge (2 items), the perception of one's own competencies (1 item), as well as professional identity and commitment to professional practice (4 items). Additionally, the factors considered most significant in preparing for accreditation were examined (5 multiple-choice options and an open-ended response option). Groups were compared using Fisher's exact test (p); differences were considered statistically significant at $p < 0.05$. The strength of the association was assessed using Kramers' V coefficient (values close to 1 were interpreted as a stronger association). The odds ratio (OR) was calculated to assess differences in the frequency of outcomes between groups.

Results

It was found that professionals who had not yet undergone accreditation were significantly more likely to associate training with a stress-induced decline in professional commitment compared to the group that had already undergone accreditation, including 10 individuals with periodic accreditation ($p = 0.010$; OR = 2.85). In this same group, a decline in professional identity was reported significantly more often ($p = 0.014$; OR = 2.74). At the same time, the two groups did not differ in their assessment of the adequacy of the accreditation procedure itself ($p = 0.357$), indicating that the identified differences are primarily associated with the stress of anticipation rather than with substantive aspects of the procedure.

It was found that respondents' higher assessment of the accreditation procedure's alignment with actual professional competencies was associated with a higher frequency of defending their expert opinion in professional disputes ($p < 0.001$; OR = 4.87) and with a sense of legitimacy on par with physicians ($p < 0.001$; OR = 5.05). These associations were the strongest among all those examined ($V = 0.376$ – 0.377).

Training based on one's own clinical practice is significantly associated with a more positive professional self-concept ($p = 0.022$; OR = 1.92). At the same time, the use of training simulators and simulations did not show a significant association with professional commitment ($p = 0.286$), nor did clinical practice show a significant association with the level of commitment ($p = 0.784$).

Conclusions

The key factor determining professional commitment and the perception of a specialist's legitimacy is not the mere fact of having undergone accreditation, but rather the subjective assessment of its fairness and adequacy. Specialists in the process of preparing for accreditation experience stress and a decline in professional identity significantly more often than those who have already completed it. The group with accreditation experience consisted of only 10 individuals who had undergone periodic accreditation; therefore, no separate conclusions were drawn regarding this subgroup. The findings may be taken into account when improving the accreditation procedure for medical psychologists, particularly by strengthening practice-oriented forms of training and assessment (clinical case analysis, simulation exercises), as well as when developing psychological support measures for professionals during the accreditation process.

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SIMULATION TRAINING FOR SPECIALIZED RESIDENTS IN THE DIAGNOSIS AND TREATMENT OF EMERGENCY CONDITIONS IN OBSTETRIC PRACTICE

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Abstract. This paper examines the role of multi-stage training using simulation equipment in the education of residents specializing in "Obstetrics and Gynecology."

Scientific specialty: 3.2.3. Public Health and Health Care Organization, Sociology and History of Medicine.

Relevance

Practical training lies at the heart of the principles of competent education, which form the foundation of the Federal State Educational Standard for Higher Education (3++) for both undergraduate and postgraduate programs. However, according to current requirements for educational programs, legal barriers prevent students from practicing their practical skills and abilities on patients. As a result, although they possess fundamental academic knowledge upon graduation, young professionals are not always able in practice to provide emergency medical care — not only at the physician level but even at the nursing level.

Objective

Training objective: simulation-based training (practicing basic practical skills) in the field of "obstetrics and gynecology," including the diagnosis and treatment of major obstetric emergencies (amniotic fluid embolism, eclampsia, acute massive blood loss, anaphylactic shock, cardiopulmonary resuscitation during pregnancy), as well as the management of out-of-hospital deliveries by residents of the relevant departments of obstetrics and gynecology