Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Addressing gaps in competency-based medical oncology training in post-Soviet countries with supervised online clinical counseling: A qualitative study

Sergei Iugai
Institute for Cancer Care, Mercy Medical Center
Daria Panchenko
Information Technologies, Mechanics and Optics (ITMO) University
Mary Caitlin King
Institute for Cancer Care, Mercy Medical Center
Andrei Nikiforchin
Institute for Cancer Care, Mercy Medical Center
Vladislav Kovalik
Institute for Cancer Care, Mercy Medical Center
Philipp Barakat
Institute for Cancer Care, Mercy Medical Center
Kseniia Uzhegova
Institute for Cancer Care, Mercy Medical Center
Panayotis Ledakis
Institute for Cancer Care, Mercy Medical Center
Vadim Gushchin
vgushchin@mdmercy.com

Institute for Cancer Care, Mercy Medical Center

Research Article

Keywords: medical education, online counseling, post-Soviet countries, competency-based education

Posted Date: November 16th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11234126/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Title: Addressing gaps in competency-based medical oncology training in post-Soviet countries with supervised online clinical counseling: A qualitative study

Running head: Supervised online counseling for medical oncology education

Authors: Sergei Iugai, MD[1], Daria Panchenko, MSPH[2], Mary Caitlin King, BS[1], Andrei Nikiforchin, MD[1], Vladislav Kovalik, MD, MSPH[1], Philipp Barakat, MD[1,3], Kseniia Uzhegova, MD[1], Panayotis Ledakis, MD[1], Vadim Gushchin, MD, FACS[1]

Affiliations:

1. Institute for Cancer Care, Baltimore, Mercy Medical Center, 227 St. Paul Place, 4th Floor Weinberg, Baltimore, MD, 21202-2001, USA

2. Information Technologies, Mechanics and Optics (ITMO) University, Kronverksky Prospect 49, Saint Petersburg, Russia

3. Department of Hospital Medicine, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH, 44195, USA

Corresponding Author: Vadim Gushchin, MD, FACS; vgushchin@mdmercy.com, X: @VadimGushchin6

Presentation: This work was presented as a poster at the American Society of Clinical Oncology 2024 Annual Meeting, Chicago, IL (May-June 2024).

ABSTRACT

Background: Postgraduate medical oncology (MO) training in post-Soviet countries is limited by short duration and the absence of a competency-based approach. The Higher School of Oncology (HSO), a US-Russian collaborative program, aims to address these gaps. HSO resident and alumni participation in the online supervised counseling platform *Just Ask* offers substantial patient support, though its educational impact remains unclear.

Methods: This qualitative study included HSO alumni practicing MO in Russia and engaging in supervised patient counseling through *Just Ask*. We conducted a series of anonymous, semi-structured in-depth interviews to evaluate participants' self-reflection on competencies acquired through HSO training and online counseling. The interview guide included 42 open-ended questions based on core MO competencies. Interview transcripts underwent inductive-deductive coding followed by reflective thematic analysis.

Results: We conducted 10 interviews, with a median duration of 69 (IQR: 54-80) minutes, involving participants with 0.5-3 years of practice. Eighty-five codes were categorized into 9 recurrent themes. Themes associated with learning from both HSO training and online counseling included *oncological expertise*, *advanced professional communication*, and *patient navigation and advocacy*. Themes more specific to online counseling included *navigating gaps between guidelines and real-world practice* and *safe-space learning* (the opportunity to acquire new knowledge and skills in a secure environment with accessible mentoring). The inability to maintain personal well-being was identified as a crucial unmet need not addressed by current training approaches.

Conclusion: Supervised online counseling may serve as a valuable educational tool for preparing MO trainees for independent practice in resource-limited settings.

KEYWORDS: medical education, online counseling, post-Soviet countries, competency-based education

DECLARATION:

Ethics approval and consent to participate:

This study was reviewed and approved by the Institutional Review Board (IRB) of Mercy Medical Center, Baltimore, MD, USA (IRB #: 2133488-1). In accordance with the approved protocol; verbal informed consent was obtained from all participants prior to enrollment.

Consent for publication: Not applicable.

Availability of data and materials:

The dataset created and analyzed during the current study is available from the corresponding author upon reasonable request.

Competing interests: The authors declare that they have no competing interests.

Funding: This research did not receive any specific grant from funding agencies.

Authors' contributions:

Sergei Iugai – conceptualization, investigation, formal analysis, writing original draft, review and editing

Daria Panchenko – methodology, investigation, formal analysis, validation, review and editing

Mary Caitlin King – data curation, review and editing

Andrei Nikiforchin – investigation, formal analysis, writing original draft, review and editing

Vladislav Kovalik – methodology, investigation, formal analysis, review and editing

Philipp Barakat – formal analysis, review and editing

Kseniia Uzhegova – review and editing

Panayotis Ledakis – supervision, review and editing

Vadim Gushchin – conceptualization, project administration, supervision, review and editing

Acknowledgements:

We are grateful to Ms. Natalia Khilko for the valuable suggestions regarding the design and planning of this study.

INTRODUCTION

Postgraduate medical education in Russia and other post-Soviet countries differs significantly from Western training models.[1,2] First, a theory-focused approach in medical school, combined with limited clinical exposure, reduces professional autonomy both during and after residency.[3,4] Second, most postgraduate curricula prioritize medical knowledge and patient care as core competencies, while giving minimal attention to evidence-based medicine (EBM), communication skills, professionalism, and systems-based practice (SBP).[5] Third, residency duration is notably shorter than in Western countries, lasting only two years for most specialties.[3,4] The post-Soviet model has historically evolved as subject-based rather than outcome-based.[6,7] Consequently, graduation is not linked to achieving specific learning objectives, and no nationwide certification system comprehensively assesses trainee performance or professional development.[4] A discipline-specific limitation in medical oncology is the consideration of oncology as a single specialty during postgraduate training. As a result, trainees rotate through surgical oncology, radiation oncology, and other services, while exposure to medical-oncology-specific issues remains minimal. These factors collectively raise concerns about the preparedness and competency of recent medical oncology graduates for independent clinical practice.

In response to these challenges, numerous educational initiatives have been introduced over the past decade to address gaps in postgraduate medical education. One notable example is the Higher School of Oncology (HSO), the largest non-governmental, non-profit program for Russian medical graduates, which complements the traditional 2-year oncology residency.[8,9] The HSO is the first national program in the post-Soviet environment to adopt an outcome-based approach, aligning its curriculum with the American core competency model. Training methods developed for HSO residents have demonstrated improvements in EBM and

patient communication (PCS) skills compared to traditional residency programs. However, these innovations remain largely disconnected from real-world clinical practice.

The *Just Ask* service, developed by the HSO team, provides free, expert guidance to oncology patients and their families across Russia and other post-Soviet countries, many of whom lack access to clear, timely, or trustworthy information about their diagnosis, treatment, or care options. The platform functions as an asynchronous, secure, web-based help desk. Patients submit questions along with relevant clinical documentation via a structured online form. Submitted inquiries are triaged and reviewed by a team of experts—typically oncology residents and junior physicians under the supervision of senior consultants—who respond within several days. Responses include individualized, comprehensible explanations of the patient's condition, treatment options, typical side effects, and possible next steps. Importantly, the service does not provide direct clinical management or formal second opinions; its focus is on patient education and navigation. Users may submit follow up questions via a secure chat function, fostering a longitudinal, supportive dialogue. *Just Ask* service logistics are presented in **Figure 1.**

HSO residents who participate in *Just Ask* receive additional training to communicate complex medical information in lay terms, verify details from uploaded documents, and determine the appropriate response type—educational, navigational, or logistical. In this role, they draft replies, engage in case discussions, and receive structured feedback from senior oncologists before responses are finalized. We hypothesized that online, supervised clinical counseling not only serves a clinical purpose, but also provides educational benefits by fostering competencies that are inadequately addressed in existing oncology training programs in resource-limited settings.

METHODS

Study design

This study focuses on the HSO program, which supplements traditional oncology residencies by addressing competencies beyond direct patient care. The core idea is that HSO fills gaps found in post-Soviet medical training using competency-based methods, mainly online and simulation-based learning. An unexpected but valuable aspect is that some residents volunteered in a patient navigation service called *Just Ask*. Although it was not originally part of the curriculum, we used it as an exploratory study to see how this experience contributed to residents' development of additional competencies.

We conducted a descriptive qualitative study using a phenomenological approach to explore young doctors' perspectives on the competencies gained through *Just Ask*. This approach was selected because it enables an in-depth examination of participants' personal experiences and reflections regarding their competency development. Semi-structured interviews were conducted to assess the impact of the *Just Ask* experience on participant's oncology practice after graduation, and the data were analyzed through the lens of the Accreditation Council for Graduate Medical Education (ACGME) competencies. The study protocol was approved by the institutional review board (IRB) at Mercy Medical Center (Baltimore, MD, USA). The study adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.[12]

Participants

The general HSO program consists of a 2-year training incorporated into traditional residency, primarily comprising clinical rotations. The HSO curriculum includes academic classes, practical workshops, and project-based activities. Eligible participants for this study were recent HSO graduates (1-3 years post-graduation) who were practicing medical oncology and actively participating in the *Just Ask* online supervised counseling during training. The 3-

year post-graduation threshold was chosen to distinguish participants from more experienced physicians and to minimize the risk of recall bias. Only HSO alumni were included to ensure a homogeneous cohort with a shared educational background, allowing for a more focused evaluation of the complementary educational value of online counseling. Individuals not engaged in clinical practice or those without a medical oncology specialization were excluded. Potential participants were identified through internal HSO and *Just Ask* service databases. Invitations were distributed via an online request form, and verbal informed consent was obtained from all participants prior to enrollment. No incentives were offered.

Research team

The research team comprised six medical doctors (MDs), two senior Master of Science in Public Health (MSPH) students, and one Bachelor of Science (BS) degree holder. The analytical subgroup—composed of five native Russian speakers with full professional English proficiency—led the coding and thematic analysis. The team was predominantly male (80%, n=4) and 60% (n=3) of members identified as white. The median age was 29 (range: 25–32) years. Two members of this subgroup (DP and VK) also conducted the interviews; they were not affiliated with HSO or the *Just Ask* platform and received formal training in qualitative methods before beginning data collection. We acknowledge that our shared linguistic and cultural background, while instrumental in preserving the fidelity of Russian-language transcripts, may also have introduced interpretive biases. To mitigate this, we engaged in regular reflexive discussions to examine assumptions, identify potential blind spots, and ensure that emergent themes were grounded in participant narratives rather than shaped by researcher expectations.

Data collection

We conducted a series of semi-structured interviews via *Zoom*, with each session lasting approximately 60-75 minutes. The original interview guide was designed to prompt

participants to self-reflect on competencies acquired through their postgraduate HSO training and through their experience with online counseling on the *Just Ask* platform (**Supplement**). Question development was informed by the ACGME milestones for medical oncologists.[13] The guide included an introductory section and 34 open-ended questions, organized into general and competency-based items. The competency-based component addressed the ACGME's six core competencies: patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice.[14] Procedural skills requiring manual techniques were excluded due to their limited relevance in an online counseling context.

The interview questions were structured to distinguish competencies gained through the HSO program (supplementing the traditional residency track) from those developed specifically through participation in *Just Ask.* The first question set focused on participants' experiences with the HSO postgraduate program, aiming to assess its impact on professional development and training needs. A parallel set explored participants' perceptions of how online counseling contributed to their clinical competency development. All questions were written in Russian. To accommodate participants with limited English proficiency, all interviews were conducted in Russian as well. Analysis was performed exclusively by native Russian speakers to preserve linguistic and contextual accuracy. All interviews were audio-recorded, transcribed verbatim, and de-identified. English translations were reviewed and approved by bilingual team members fluent in both Russian and English, including a specialist in linguistics.

Data analysis

Reflective thematic analysis was performed following Braun and Clarke's six-phase approach.[15] After all transcripts were de-identified and masked, each member of the research team independently reviewed the material (phase 1), followed by a collaborative discussion of initial impressions. Using an iterative process, individual transcripts were then systematically

analyzed to develop a comprehensive codebook capturing key recurring elements (phase 2). All interviews were coded collaboratively using a secure, shared-access file. Both interviewers (DP and VK) and data-naïve researchers (SI, AN, and PB) participated in the coding process. Once the final codebook was established, the agreed-upon codes were applied to the remaining transcripts. Initial themes were independently generated by each member of the analysis team (phase 3), then shared, compared, and refined through group discussion (phase 4). Recurrent themes were identified and named (phase 5), with particular attention to participants' perspectives on competencies and skills addressed – or lacking – in both formal postgraduate training and the *Just Ask* online patient counseling experience. Finally, themes were reported and further mapped onto ACGME core competencies (Table 1) to evaluate their relevance and applicability within an educational context (phase 6).

RESULTS

Participant demographics

Ten participants were interviewed. The median interview duration was 69 (interquartile range [IQR]: 54-80) minutes. The median participant age was 28 (IQR: 27-33) years, and 8 (80%) participants were female. Six participants (60%) were employed in hospital settings, 2 (20%) worked in outpatient clinics, and 2 (20%) practiced in mixed clinical settings. The median duration of independent medical oncology practice was 17 (IQR: 6-39) months.

Interview recurrent themes

We identified a total of 85 codes, which were subsequently organized into 9 recurrent themes: (1) oncological expertise, (2) advanced professional communication, (3) navigating the gap between guidelines and real-world practice, (4) patient navigation and advocacy, (5) original training approaches, (6) clinical decision-making and reasoning, (7) maintaining personal well-being, (8) facilitation of career development, and (9) safe-space learning. The

full list of recurrent themes and selected associated codes is presented. List of quotes (Q) associated with each theme is presented in **Table 2**.

1. Oncological expertise

Several participants reported that engaging with the online counseling platform significantly broadened their exposure to rare or unique clinical scenarios not encountered during their formal training or early practice (Q1). Participants also highlighted that the platform provided opportunities to deepen their understanding of areas often underrepresented in standard medical oncology training, particularly supportive and palliative care (Q2). These learning experiences frequently prompted critical reflection on the limitations of their formal education, including HSO classes, especially regarding supportive and palliative care (Q3).

2. Advanced professional communication

Participants acknowledged that the HSO program provided a foundational platform for developing communication skills, particularly in fostering a patient-centered approach. One respondent reflected on this influence (Q4). Several participants reported that communication classes helped them navigate challenging scenarios, such as interacting with "frustrated" patients. However, two interviewees expressed dissatisfaction with the depth and realism of the training (Q5).

Although *Just Ask* does not involve face-to-face interactions, many respondents found it valuable for developing alternative communication strategies, including disclosing prior medical errors (Q6) and enhancing their written communication skills (Q7). Beyond patient interactions, participants also emphasized the importance of peer-to-peer communication through an online-chat, which they described as a "valuable space for clinical discussion and seeking support."

3. Navigating the gap between guidelines and real-world practice

Participants reported that their engagement with the *Just Ask* platform broadened their system-level awareness by exposing them to the wide variability in oncology care delivery across the country. Educated at leading national oncology centers and further trained through the HSO, the residents were immersed in an academic environment emphasizing evidence-based practice, multidisciplinary collaboration, and adherence to international oncology guidelines. The HSO curriculum reinforced a clear understanding of what optimal, guideline-concordant cancer care should entail.

However, this educational foundation often clashed with the clinical trajectories presented by patients on the *Just Ask* platform—especially those from remote or underserved regions. Residents described encountering cases in which proposed or ongoing management plans deviated markedly from accepted oncologic standards (Q8-9). Rather than interpreting these deviations as individual errors, participants understood them as systemic phenomena shaped by resource constraints and regional inequities (Q10). This dissonance between their training and real-world practice became a catalyst for critical reflection. One participant noted that the platform motivated them to pursue additional quality improvement efforts beyond direct clinical care, particularly in patient education (Q11).

4. Original training approaches

Many participants emphasized the utility and innovative aspects of the HSO curriculum, particularly its use of active and peer-centered learning strategies. One method frequently praised was the use of case-study debates, which required collaborative preparation and critical analysis – approaches notably absent from conventional residency training (Q12).

Interestingly, most interviewees did not initially perceive online counseling as an educational tool, nor was it formally positioned as a training method. However, many ultimately described it as an effective and original means of acquiring clinical knowledge and support (Q13).

5. Patient navigation and advocacy

Within both residency and HSO training, several residents highlighted the importance of leveraging professional networks to navigate patients faster and more efficiently (Q14-15). Respondents also identified patient navigation and advocacy as key components of their work on the *Just Ask* platform. Interviewees emphasized that *Just Ask* provided practical exposure to care availability, referral logistics, and support services across different regions of Russia. Some participants described building informal referral networks through *Just Ask*, which enabled them to connect patients with a wide range of resources beyond standard medical services (Q16).

6. Clinical decision-making and reasoning

Participants widely identified clinical decision-making and clinical reasoning as competencies significantly developed through the HSO program. Respondents reported that the combination of academic coursework and clinical exposure helped them critically engage with medical literature and apply a patient-centered approach in their decision-making (Q17-18). Although many participants acknowledged that clinical decision-making was an inherent part of their work with *Just Ask*, most did not attribute substantial development of these skills to the platform itself. Instead, the HSO program was consistently recognized as the primary contributor to growth in this area of professional competence.

7. Maintaining personal well-being

A recurring and concerning theme across interviews was impaired personal well-being. Many participants reported experiencing burnout, chronic fatigue, and emotional detachment from clinical work (Q19-21). Despite these challenges, one resident described the HSO community as a source of emotional support, helping to mitigate psychological stress (Q22).

While *Just Ask* was not directly associated with either improvement or deterioration in well-being, many participants appreciated the platform's "flexible time frame" and the presence of a "supportive team," which helped alleviate some of the pressures of clinical work.

8. Facilitation of career development

Most participants described a strong connection between their professional development and HSO training. Respondents emphasized that the HSO program not only provided clinical knowledge and skills, but also fostered a culture of enthusiasm, integrity, and long-term commitment to growth (Q23). A recurring code was the "sense of community" cultivated through the program. One respondent also highlighted the unique role of HSO in fostering professionalism (Q24).

In contrast, most participants did not perceive their online counseling experience as directly contributing to career advancement or professional growth. However, one respondent reflected that engagement with *Just Ask* reinforced their motivation and commitment to their professional role and status (Q25).

9. Safe-space learning

A distinctive theme emerging specifically from the *Just Ask* experience was the concept of safe-space learning, a setting in which trainees could engage in real-world clinical decision-making with minimal risk, guided by supportive peers and mentors. Participants described this environment as enabling thoughtful decision-making, self-paced learning, and gradual confidence building (Q33-35).

DISCUSSION

Postgraduate oncological training in resource-limited countries often lacks the capacity to adequately prepare physicians for independent practice.[7] Our study demonstrates the potential of online supervised clinical counseling to fill key educational gaps and support the

transition of early-career oncologists into real-world clinical settings. Participants' self-reflections underscored the value of online counseling in developing oncological expertise, enhancing communication skills, and improving patient navigation and advocacy. Notably, the opportunity to engage with real-world clinical scenarios in a secure and supportive environment was consistently identified as a major advantage – one that participants felt was insufficiently addressed in their formal postgraduate training. However, the ability to maintain personal well-being remains a critical unmet need across all existing training formats.

The central finding of our study is that online counseling can effectively complement postgraduate oncological training by reinforcing its strengths and addressing specific gaps. Medical knowledge remains a cornerstone of postgraduate education, and participants consistently acknowledged that their formal postgraduate training, particularly through the HSO program, helped them to develop a strong foundation in cancer biology and standard management algorithms. However, respondents also identified areas in which online counseling provided unique educational value. For example, several participants highlighted that the *Just Ask* platform exposed them to rare cancers and heavily pretreated patients — cases not typically encountered during formal training. This exposure supports the broader educational objective of increasing awareness of rare diseases among healthcare professionals,[16] and is especially relevant in post-Soviet countries, where many young oncologists begin their careers in the primary oncology service despite having received most of their training in specialized departments with limited case diversity.

Another frequently mentioned gap was the lack of structured instruction on supportive care.[17] Although respondents recognized the practical importance of this domain, some interviewees emphasized the insufficient attention given to supportive care in their formal training. In contrast, online counseling was described as a valuable opportunity to deepen their

understanding of supportive care, particularly in managing treatment-related side effects and pain – skills essential for delivering patient-centered oncologic care.

Interpersonal and communication skills are also among the ACGME core competencies and remain a cornerstone of effective oncology practice.[18] However, in healthcare systems where a paternalistic communication model prevails, trainees and residency graduates may struggle to meet international standards without targeted, systematic instruction.[19] The integration of simulation-based communication classes into the HSO curriculum has previously demonstrated a remarkably positive impact on oncology trainees' communication skills,[10] a finding echoed in the current study. Nonetheless, some participants also noted limitations of these classes, including superficial coverage and discomfort with role-play formats. Importantly, our study highlights the complementary role of online counseling in developing communication skills, even in the absence of direct in-person contact with patients or their families. The absence of strict time pressures – common in routine clinical practice – enabled more deliberate and thoughtful responses in challenging situations. Participants also noted written communication as a key area of improvement, a skill of increasing importance given the expanding use of electronic medical records, messaging platforms, and written consultation summaries in modern medical practice.[21] In addition, the online interactive peer-to-peer chat was widely recognized as a powerful tool for professional communication and collaborative learning. Taken together, these findings suggest that well-structured virtual counseling platforms can meaningfully contribute to the development of nuanced and effective communication skills.

While medical knowledge and interpersonal communication are incorporated into post-Soviet education to varying degrees, the concept of SBP is largely absent from traditional training models. Although contemporary programs, such as HSO, have begun to integrate SBP components, their impact has not yet been formally evaluated. Our findings suggest that both

the HSO curriculum and the *Just Ask* online counseling platform play a valuable role in fostering SBP competencies – particularly in patient navigation and in bridging the gap between clinical guidelines and real-world practice. This systems-level awareness can facilitate the transition of early-career oncologists into clinical environments that often differ markedly from the more structured settings of residency training. It also motivated several respondents to engage in other quality improvement initiatives. One notable example is OncoWiki,[20] a free educational library for oncology patients established by a team composed largely of current or former *Just Ask* counselors. This initiative illustrates how experience with online counseling can catalyze the SBP skill development and promote physician-driven improvements in patient care delivery and education.

Efficient patient navigation and care coordination are critical components of effective cancer care, yet they remain underdeveloped in many resource-limited settings, including the post-Soviet region.[21,22] While professional networks established during postgraduate training, particularly through programs like HSO, helped participants navigate local healthcare systems and advocate for their patients, the *Just Ask* online counseling platform further expanded this capacity. By engaging with a wide range of regional healthcare contexts, participants reported developing a broader, often national level understanding of care pathways, referral options, and resources availability.

Finally, the unique contribution of the *Just Ask* platform was its provision of a safe-space learning environment in which young doctors could engage with real clinical cases under expert supervision. This structure enabled thoughtful decision-making, facilitated peer support, and promoted gradual autonomy – elements that fostered both confidence and competence in navigating complex clinical and system-level challenges. Importantly, it also helped bridge the gap between theoretical education and practical readiness.

Our study has several limitations. First, the participant cohort consisted of a highly selected group – graduates of a competitive, Western-influenced program – which limits the generalizability of our findings to the broader population of young oncologists trained in more traditional educational settings. To enhance external validity, future studies should explore the self-reflections of non-HSO physicians, who are beginning independent practice and have participated in the *Just Ask* platform. Second, although the *Just Ask* platform is technically accessible to all Russian-speaking patients across the post-Soviet region and beyond, most counseling requests currently originate from Russia. As a result, the analysis is largely centered on the Russian healthcare environment, which, while sharing characteristics with other resource-limited countries, also has unique structural and educational features. Differences in national medical education systems and healthcare infrastructure may therefore limit the broader applicability of online counseling as an educational tool. Expanding participation to include trainees and recent graduates from a wider range of post-Soviet countries would be an important next step before considering the implementation of similar programs in other global low-resource settings. Third, the study design is susceptible to several forms of bias. Recall and social desirability biases are particularly relevant, given the strong professional commitment among respondents, which may influence their reflections. Additionally, the purely qualitative nature of the study limits the ability to objectively assess or compare clinical competencies. While self-reflection is a valuable tool for understanding professional development, it cannot substitute for measurable outcomes. Further quantitative research is therefore needed to evaluate the impact of online counseling on specific competencies and to determine whether ongoing engagement translates into tangible improvements in clinical performance.

CONCLUSION

The stepwise integration of medical oncology trainees into online supervised patient counseling is associated with predominantly positive self-reflections from participants. Key recurrent themes related to the development of clinical competencies included oncological expertise, navigating the gap between guidelines and real-world practice, advanced professional communication (including written communications in chats), and patient navigation and advocacy. Additionally, the theme of safe-space learning emerged as a valuable insight, highlighting its potential role in facilitating the gradual acquisition and enhancement of professional skills. Further studies are needed to assess the applicability of online counseling in other resource-limited countries, considering the unique healthcare systems and educational needs in each context.

REFERENCES

1. Jargin S. Some aspects of medical education in the former Soviet Union. *Sao Paulo Med J*. 2012;1(130):65-66. doi:10.1590/S1516-31802012000100012

2. Farmer RG, Sirotkin AY, Ziganshina LE, Greenberg HM. The Russian health care system today: Can American-Russian CME programs help? *Cleve Clin J Med*. 2003;70(11):937. http://www.ccjm.org/content/70/11/937.abstract

3. Jargin S. Some aspects of medical education in Russia. *American Journal of Medicine Studies*. 2013;1:4-7. doi:10.12691/ajms-1-2-1

4. Sv J. *Citation: Jargin SV. Medical Education and Postgraduate Training in Russia: An Update*. Vol 7.; 2024.

5. Telen MJ. *TEACHING EVIDENCE-BASED MEDICINE IN THE FORMER SOVIET UNION: LESSONS LEARNED*. Vol 125.; 2014.

6. Vartanian F. Continuing Medical Education in the Union of the Soviet Socialist Republics: Philosophy and Approaches. *JAMA*. 1987;258(10):1358-1360. doi:10.1001/jama.1987.03400100092028

7. Gruppen LD. Outcome-Based Medical Education: Implications, Opportunities, and Challenges. *Korean J Med Educ*. 2012;24(4):281-285. doi:10.3946/kjme.2012.24.4.281

8. Baron E, Sittig M, Kotov M, Fomintsev I, Gushchin V. Educational Collaboration Between Russian-Born US Physicians and Russian Oncology Trainees in Evidence-Based Medicine: The Higher School of Oncology. *JCO Glob Oncol*. 2021;(7):353-360. doi:10.1200/GO.20.00546

9. Iugai S, Gridina I, King MC, et al. Higher school of oncology: A decade of advancing oncology training in resource-limited settings. *Journal of Clinical Oncology*. 2025;43(16_suppl):e21028-e21028. doi:10.1200/JCO.2025.43.16_suppl.e21028

10. Briedé S, Brandwijk ON, van Charldorp TC, Kaasjager HAH. A patient's perspective on care decisions: a qualitative interview study. *BMC Health Serv Res*. 2023;23(1). doi:10.1186/s12913-023-10342-9

11. Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. *Perspect Med Educ*. 2019;8(2):90-97. doi:10.1007/s40037-019-0509-2

12. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups.

International Journal for Quality in Health Care. 2007;19(6):349-357. doi:10.1093/intqhc/mzm042

13. Balmer DF, Anderson H, West DC. Program Evaluation in Health Professions Education: An Innovative Approach Guided by Principles. *Academic Medicine*. 2023;98(2):204-208. doi:10.1097/ACM.0000000000005009

14. Nasca TJ, Philibert I, Brigham T, Flynn TC. *The Next GME Accreditation System-Rationale and Benefits Including Those for Text and Data Mining, AI Training, and Similar Technologies*. Vol 11.; 2012.

15. Ahmed SK, Mohammed RA, Nashwan AJ, et al. Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*. 2025;6:100198. doi:https://doi.org/10.1016/j.glmedi.2025.100198

16. Olischläger DLT, den Boer LXY, de Heus E, et al. Rare cancer and return to work: experiences and needs of patients and (health care) professionals. *Disabil Rehabil*. 2023;45(16):2585-2596. doi:10.1080/09638288.2022.2099589

17. Scotté F, Taylor A, Davies A. Supportive Care: The "Keystone" of Modern Oncology Practice. *Cancers (Basel)*. 2023;15(15). doi:10.3390/cancers15153860

18. Fallowfield L, Jenkins V. Effective communication skills are the key to good cancer care. *Eur J Cancer*. 1999;35(11):1592-1597. doi.org/10.1016/S0959-8049(99)00212-9

19. Kon AA. *The Shared Decision-Making Continuum*. https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm

20. https://wiki.nenaprasno.ru

21. Freeman HP. The origin, evolution, and principles of patient navigation. *Cancer Epidemiology Biomarkers and Prevention*. 2012;21(10):1614-1617. doi:10.1158/1055-9965.EPI-12-0982

22. Drapkina O, Molosnov A, Tyufilin D, et al. Measuring Navigational Health Literacy in Russia: Validation of the HLS19-NAV-RU. *Int J Environ Res Public Health*. 2025;22(2). doi:10.3390/ijerph22020156

Table 1. Summary of identified codes and themes and mapping onto ACGME competencies

Themes	Selected codes	Role of HSO training	Role of online counseling	Associated ACGME core competency
Oncological expertise	Working with complications and comorbidities, Ability to see rare cases and scenarios, General medical knowledge, Oncological rehabilitation, Supportive and palliative care, Approach to staging	Positive	Positive	MK, PC
Advanced professional communication	Chat discussion, Breaking news delivery, Interaction with colleagues, Collection and synthesis of clinical information, Disclosure of medical errors	Positive	Positive	ICS
Navigating the gap between guidelines and real-world practice	Project activity, Assessment of system quality, Recognition and solving of problems related to medical care quality, System modifying, Remote regions, Adapting to limited resources, Integration into the healthcare system, Obtaining independence and confidence	Neutral	Positive	SBP, P
Original training approaches	Mentorship, Structured feedback, Journal club, Simulated patients, Case-study debates, Peer-to-peer education, Chat discussion	Positive	Neutral	NA
Patient navigation and advocacy	Internal and external navigation, On-site navigation, Telemedicine interaction, Working with underserved areas, Advocating for vulnerable patient groups, Adapting to limited resources, Professional networking, Remote regions, Chat discussion	Positive	Positive	ICS, SBP
Clinical decision making and reasoning	Patient-centered approach, Critical reading of medical papers, Formulating a management plan, Information retrieval, Evidence-based medicine, Critical thinking	Positive	Neutral	PC, PBLI
Maintaining personal well-being	Burnout, Work-life balance, Professional satisfaction	Negative	Neutral	P
Facilitation of career development	Self-assessment of skills and professional knowledge, Continuous medical education, Interest in the profession, Professional networking, Commitment to brand, Taking professional responsibility, Commitment to self-education, Sense of community	Positive	Neutral	PBLI, P
Safe-space learning	Sandbox practice simulation, Learning flexibility, Smooth transition to real practice	Neutral	Positive	PBLI

ACGME, Accreditation Council for Graduate Medical Education; HSO, Higher School of Oncology; ICS, interpersonal and communication skills; MK, medical knowledge; NA, not applicable; P, professionalism; PC, patient care; PBLI, practice-based learning and improvement; SBP, systems-based practice

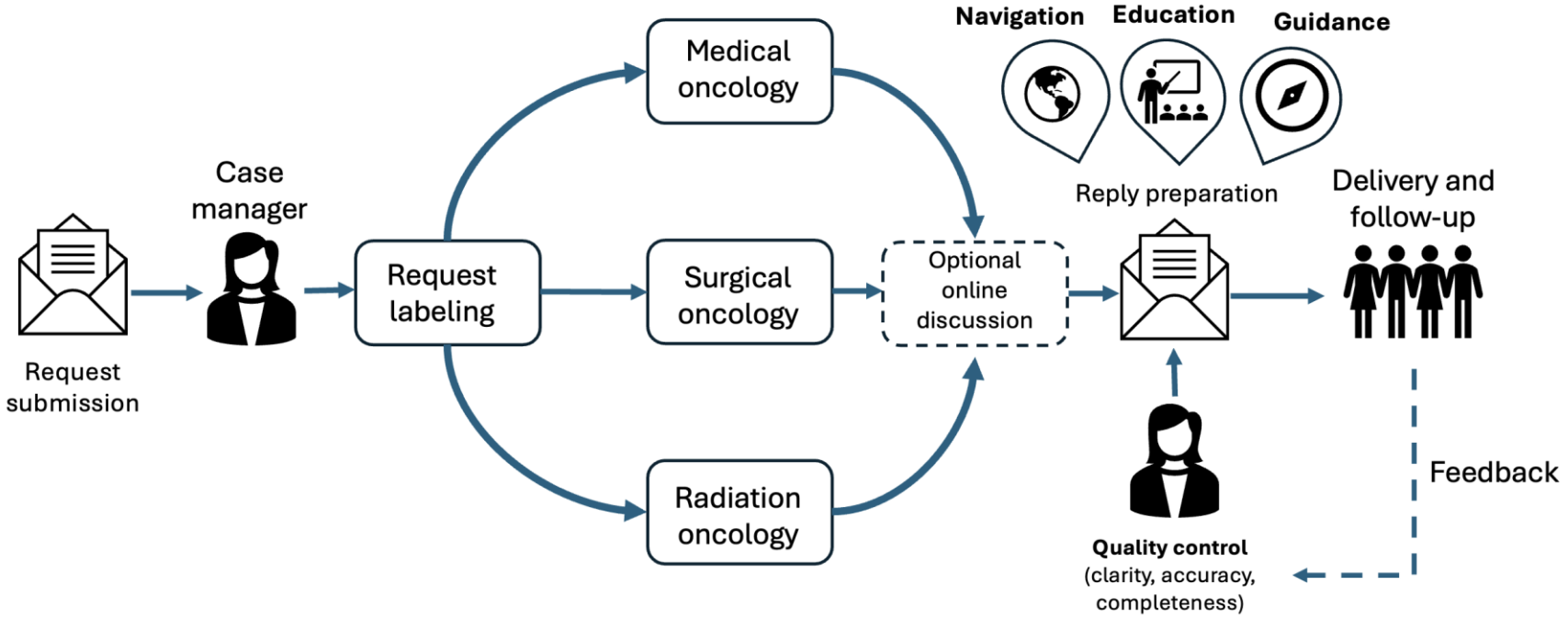
Table 2. Illustrative participant quotes by themes

Themes	Supportive quotes
Oncological expertise	*"In 'Just Ask' there are some cases which I have never seen in practice. The range of diseases is a much broader, range of clinical situations which patients can bring to you [present with]." (Q1)* *"Pain management, loss of appetite, the use of bioactive supplements, etc. We talk to patients. Even [things like] correcting BMI, advising how many calories they should be getting. What is the best way to recover after chemo?" (Q2)* *"These questions are not discussed because the main focus is chemotherapy. We had several workshops; one of them I think was about types of palliative care. It was good, but that is it."(Q3)*
Advanced professional communication	*"We always talked [at HSO] about how important it is to engage in a discussion, to get a patient's opinion, to ask what they want… It had a great impact on my perspective on patient communication." (Q4)* *"HSO provides only a basic and superficial perspective on communication. Therefore, you have to learn on your own." (Q5)* *"Just Ask helped me because you often need to say correctly that something is wrong with treatment" (Q6)* *"I mean, when it comes to communication through messengers, it's good. Frankly speaking, you can answer a question that they ask". (Q7)*
Navigating gap between guidelines and real-world practice	*"Mostly, these are people [in Just Ask] from remote regions. The treatment strategy is different there, not like in Moscow where all medications are available. Could I learn how to use non-standard algorithms? Yes!" (Q8)* *"This is an analytical process, organizational. I mean that you can assess from which regions you have more requests for something [specific issues], it means they have more problems in this area." (Q9)* *"I think it [Just Ask] helped me a lot in understanding how the real healthcare system works, because you deal with patients from different regions, centers, in different situations. And gradually understand how it works." (Q10)* *"I wanted to be involved in some new areas like patient schools, writing patient guides. I got interested in that after working in 'Just Ask' for a while…when another project OncoWiki (patient education) was established I started working on that even more, because it was very exciting." (Q11)*
Original training approaches	*"Take case debates [at HSO], for example, where you're given a task, you share it with your peers, and present a case from different angles. I mean you have an objective to prepare adjuvant therapy, you dive into [clinical] trials, choose the optimal ones and present this informaton." (Q12)* *"I like that we have a chat. First, I can ask questions, and we can discuss something if I see any troubles. This helped me to address patients' messages, concerns. All difficulties can be discussed and solved." (Q13)*
Patient navigation and advocacy	*"I can text HSO chat. I can ask where a patient can do something. Someone recommends the best place." (Q14)* *"But I think first, there are a lot of oncologists, who are involved in HSO, from different centers. You have a resource, a community where you can know what people have, where you can send, navigate your patients." (Q15)*

	"While I consulted at 'Just Ask,' I collected some sort of "bank of people" who I can refer patients to medical, paramedical, psychological support, different foundations, etc. This would have been impossible without it [Just Ask]." (Q16)
Clinical decision making and clinical reasoning	*"HSO helped me to assess information, read papers, find papers and use it in my practice." (Q17)* *"...it [HSO] shaped my understanding of where to find the information, how to interpret it critically, how to understand the general oncological thought process, the global idea, tumor biology etc. after reading several papers. Taking into account all the data, how to explain to a patient what is going on with them, how to treat, how to explain something to colleagues." (Q18)*
Maintaining personal well-being	*"I haven't figured out work-life balance and anything like that in 3.5 years." (Q19)* *"By the end of my residency, I feel like I see patients as a conveyor. It's just routine and I feel I just want to finish it as soon as possible." (Q20)* *"I am almost always burnt out. I have to work with a therapist. But I think it is absolutely normal, especially for young doctors." (Q21)* *"At HSO we even had some sort of Balint groups for a while, we discussed something with each other, some difficulties. It was very helpful. I mean that you have some close-knit community who you can share something with, discuss…" (Q22)*
Facilitation of professional development	*"I think the main factor here is that all people here are so enthusiastic. Even if you struggle with something, you see people around, you are charged by their profession, you share some information and you get the same vibe. The power is in the community." (Q23)* *"This is the only place where we talked about conscientiousness, how to admit your mistakes, how to apologize. This is all about HSO. I mean I did not get this knowledge in my residency." (Q24)* *"It is kind of help to keep going, study, develop yourself in the profession instead of falling…you know what I mean." (Q25)*
Safe-space learning	*"Here (in Just Ask) it is much easier; you have enough time to answer the questions. And you can read literature and provide meaningful answers, you just have time." (Q26)* *"It's like a smooth transition. As we discussed, there is an opportunity to take responsibility, opportunity to recommend something. Then you move from the opportunity to recommend something [in Just Ask] to real clinical practice." (Q27)* *"This is not bad to see different scenarios, not to be afraid to take unfamiliar scenarios." (Q28)*

Q, quote

Figure 1. *Just Ask* Platform Logistics



Just Ask involves a 5-step process:

1. **Request Submission:** Patients or their family members submit a standardized request form.
2. **Request Labeling:** Case managers review and categorize each request based on the most prominent clinical issue.
3. **Referral to Experts & Reply Preparation:** Requests are referred to the platform's experts (medical oncology, surgical oncology or radiation oncology) according to category. The assigned expert is responsible for responding to the request or, if necessary, consulting with other counselors or requesting reassignment to a more appropriate advisor.
4. **Quality control:** Case managers review expert responses to ensure clarity, accuracy, and completeness before delivering to the requester.
5. **Delivery and follow-up:** The final response is sent to the patient or family, who may accept the information, ask additional questions, or decline the response and request reassignment to a different advisor.

Case managers typically have a general medicine background and are usually medical school graduates who chose not to pursue postgraduate subspecialty training.

New experts must complete a 3-step evaluation process before beginning work on the platform. This includes a medical knowledge test, a recruitment interview, and a trial work period involving mock requests. During the trial phase, all responses are closely supervised by experienced physicians, who provide comprehensive feedback to improve trainee performance. After successful completion of the trial phase, junior doctors continue to work under supervision, gradually gaining autonomy in clinical decision-making. A 24/7 online *Telegram* chat is available to provide ongoing support and consultation with other experts.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- VisualabstractresubmissionJustAskMCKedits9.30.2026SIedits.pptx
- SupplementINTERVIEWGUIDEJUSTASK.docx