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**(з дистанційним під'єднанням ВМ(Ф)НЗ України за допомогою
відеоконференц-зв'язку)**

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Актуальні питання якості медичної освіти (з дистанційним під'єднанням ВМ(Ф)НЗ України за допомогою відеоконференц-зв'язку) : матеріали XIII Всеукр. наук.-практ. конф. з міжнар. участю (Тернопіль, 12–13 трав. 2016 р.) : у 2 т. / Терноп. держ. мед. ун-т ім. І. Я. Горбачевського. – Тернопіль : ТДМУ, 2016. – Т. 1. – 348 с.

and (3) Doctor as a researcher [4, p. 647]. In our opinion, one of the best developed frameworks of CBME has been designed by the Royal College of Physicians and Surgeons of Canada (RCPSC). It comprises a wide network of the physician's roles [3, p. 640-641]:

- medical expert is the central competence which integrates knowledge in theoretical medicine, clinical skills, and professional attitudes;
- communicator's competence involves the physician's skills to form relationships, gather and share information with patients and their families;
- collaborator's role implies the effective cooperation with other health care professionals in order to provide the high-quality patient care;
- manager – physician develops a vision of a high-quality health care system and takes responsibility for moving toward the achievement of that vision;
- health advocate – physicians work to improve health in patients, communities, and populations;
- scholar – physicians demonstrate a lifelong commitment to continuous learning and research;
- professional's competence involves ethical practices and high personal standards of behaviour.

Thus, competency-based medical education is one of the primary targets for undergraduate programs in higher medical education of Ukraine. The comprehension of CBME, its benefits and challenges for Ukraine, as well as the optimal ways of its implementation are of particular importance. It is necessary to bear in mind that CBME programs in many ways differ from the traditional ones and therefore require careful restructuring of curricula, rearrangement of instructional methods and assessment techniques. Hence, it is essential to analyze and synthesize the key elements of CBME framework in different countries, with subsequent adoption and adjustment of the most relevant features in the higher medical education of Ukraine.

USING OF THE VIRTUAL PATIENTS IN TRAINING OF PEDIATRICS

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The term «virtual patient» is used to describe interactive computer simulations in medical education. The using of the virtual patients in learning the Pediatrics coincided in time with the introduction of the university e-learning system – modular object-oriented dynamic learning environment «Moodle». New sites for online learning had been set up using this web application, that actualized the need for modernization of traditional teaching methods and the use of innovative educational technologies [1]. The aim of the study was the comparison of teaching Pediatrics using virtual patients on graduate and postgraduate stages.

Focus on emergency conditions of the study of Pediatrics, the need for closer interaction with the patients and their parents make it difficult to use the real patients in the learning process. Using of the modern models of virtual patients with interactive properties give the possibility to display simultaneously the different clinical situations, to carry out training in the framework of self-preparation for classes individually in comfortable pace with a choice of convenient time, to avoid the fear of mistakes and improve self-efficacy in learning. The using of the virtual patients allows students to try themselves

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on the role of professionals and develop clinical skills of the diagnostic and therapeutic decisions. Virtual patients can improve availability of training the medical students, bringing the learning to different variants of the real situation. Unlike real patients students may have access to simulated patients on-demand, may repeat the training per need, examining various options and strategies. Virtual patients in the form of thematic presentations and interactive scenarios are designed to support training skills of clinical thinking. For training of Pediatrics at the undergraduate stage a demonstration of clinical cases was performed using virtual patients from ICATT library (IMCI Computerized Adaptation and Training Tool), selected cases of virtual patients of available databases (<http://www.virtualpatients.eu/>) and patients designed by teachers during interactive lectures. The use of e-learning system “Moodle” allowed to place all necessary materials and enable interactive teaching methods in this environment. The teacher develops a lesson plan and directs the students' activities in the achievement of the ultimate goals, in the course of interactive exercises consolidation of learned knowledge and the learning of new material are carried out. Methodological innovations associated

with the use of interactive teaching methods allow to change the role of the teacher, turning him into a mentor, colleague, initiator of independent creative work of students [2].

Thus, using of the virtual patients in the study of Pediatrics allows to bring the learning process to the real situation, to work out problem solving and decision making in practice, improve efficiency and productivity of training at graduate and postgraduate stages.

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FEATURES OF TEACHING OF SURGICAL DISCIPLINES TO ENGLISH-SPEAKING STUDENTS

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Переход в европейскую систему образования поставили перед хирургическими кафедрами ряд важных вопросов, ответ на которые должен повысить самостоятельность, творческую инициативу и активность будущих врачей. Данные независимых экспертиз, по основным причинам врачебных ошибок, позволяют определить векторы работы со студентами, разработку тестов по фундаментальным и клиническим дисциплинам. Преподавание англоязычным студентам на хирургических кафедрах требует особого внимания. Оптимальное количество студентов в англоязычной группе должно составлять 6-8 человек, а контроль знаний наиболее эффективен при письменных ответах и письменных контрольных тестах.

Adoption in the European education system and have a number of the important questions at the surgical chairs, which should raise independence, the creative initiative and activity of the future doctors. Data of independent expert investigations, on the cores the reasons of medical errors, allow to define vectors of work with students, working out of tests on fundamental and clinical disciplines. Teaching to English-speaking students on surgical chairs demands special attention. The optimum quantity of students in English-speaking group should make 6-8 persons, and the control of knowledge is most effective at written answers and written control tests.

Перехід в європейську систему освіти поставив перед хірургічними кафедрами ряд важливих питань, відповідь на які має підвищити самостійність, творчу ініціативу і активність майбутніх лікарів. Дані незалежних експертиз, за основними причинами лікарських помилок, дозволяють визначити вектори роботи зі студентами, розробку тестів з фундаментальних і клінічних дисциплін. Викладання англомовним студентам на хірургічних кафедрах вимагає особливої уваги. Оптимальна кількість студентів в англомовній групі має становити 6-8 чоловік, а контроль знань найбільш ефективний при письмових відповідях і письмових контрольних тестах.

Ключевые слова: хирургические дисциплины, английский язык, методическое пособие

Keywords: surgical disciplines, English language, tests, textbooks.

Ключові слова: хірургічні дисципліни, англійська мова, методичний посібник

Every year, at leading universities of our country, the number of students trained in English increases. It is an indicator of level of teaching structure of educational institution, ability of employees activity to participate in foreign conferences, to communicate with colleagues from other countries, to exchange experience that raises level and quality of teaching. Overtime, specificity of teaching in English demands new standard approach in teaching of the theory especially, in acquisition of practical skills by English-speaking students. The training of students of medical university by the most significant leading kinds of activity are the obligatory interconnected combination of educational and professional work.

By results of questioning and independent expert appraisals vocational training on the block of clinical disciplines is estimated by doctors with the experience of work 1–2 years as follows: good – 23 %; sufficient – 55 %; insufficient – 22 %.

Principal causes of medical errors by results of independent expert appraisals are:

–Badly collected anamnesis – 23 %;

–Lack of clinical inspection (survey, palpation, auscultation) – 20,3 %;

–Lack of treatment-and-prophylactic actions – 19 %;

–Lack of laboratory-tool inspection – 14 %;

–Lack in the form of reception conducting – 11,2 %;

–Errors in work capacity examination – 7,2 %.

This data allows to define vector of work with students, to develop tests on fundamental and clinical disciplines, to provide during educational process effective study of test

tasks "Krok 2" presented on a sitecenter of testing Ministry of Health of Ukraine and to use these tests in training of students of different courses.

Our experience shows that teaching English-speaking students on fundamental surgical procedures demands special attention. It is impossible to receive practical skills of survey of the patient, to understand semiology of surgical diseases without dialogue with the patient and detailed gathering of the anamnesis. It is necessary for the teacher to work individually with each student on the bedside of the patient, to translate specific terms, to help with transfer and anamnesis gathering etc. It is impossible to forget that the level of knowledge of English language of students in one group can strongly vary depending on the country of residence and it demands an extra time and attention of the teacher for explanation of material. Experience shows that the optimum number of students in English-speaking group should comprise of 6–8 persons, and control of knowledge is most effective at written answers and written control tests. It gives the chance to demonstrate the student's level of knowledge and resolve any questions.

Thus, it is not necessary to reduce quantitative and qualitative practical work at the patient's bedside and to raise skills of definition of semiology of surgical diseases in practice. Also it is very important in studying sharp surgical pathology.

To excel in surgical practice, the student should work with textbooks and absence of this considerably reduces quality of teaching.

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