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RESEARCH OF DIFFERENT LEARNING STYLES OF MEDICAL STUDENTS

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Abstract. Background: There are different learning styles. Three of the most popular ones are visual, auditory, and kinesthetic in which students take in information.

Aim of the study: We aimed to study the learning styles of medical students and to increase faculty awareness and understanding of the effect of learning styles on the teaching process

Methods: In medical university students were examined. There were no significant differences by sex and age composition, place of residence, learning. This study is an analysis of learning styles for medical students. The study included a group of 230 students with the age between 20 and 24 years. 124 of them foreign students (36 females and 88 males) and 106 ukrainian students (76 females and 30 males).

Results: The study included 230 students of HSEEI "Bukovina State Medical University". The students who preferred visual learning styles – 111 (48 %), auditory styles – 66 (29 %), kinesthetic styles – 52 (23 %). Visual learning styles include: 54 females and 57 males; auditory learning styles include: 30 females and 36 males; kinesthetic learning styles include: 24 females and 28 males.

Conclusion: The article reflects the peculiarities of Psychiatry teaching for medical students considering learning styles and types of memory. Psychiatry is appropriated to take account of learning styles with which students learn the material, making the learning process more tailored and affordable, training – more effective and more interesting, understandable and easy to remember.

Keywords: psychiatry and narcology, students, types of memory, learning styles.

Introduction. The educational process in modern universities is organized taking into account possibilities of modern information technology training and focused on the formation of an educated, harmoniously developed personality, capable of continuous updating of scientific knowledge and professional mobility. It is also based on the principles of science, humanism, democracy, succession and continuity. It should be noted that in recent years the organization of educational process in higher educational medical institutions in Ukraine at the European Credit Transfer and Accumulation System (ECTS) according the organization of educational process [1].

This system allows you to bring the level of professional training of local citizens to the level of training in Europe, in addition, an important factor in improving the quality of education and international contacts [2, 3].

In addition to the acquisition of knowledge, students, doctors should be able to apply their knowledge and develop clinical thinking. We investigated the learning styles of students, and especially the assimilation of information while studying at the Medical University.

Psychiatry for medical students in medical universities is taught in the 4th year, since its mastery requires knowledge of the most basic items of the 1-3 professional courses. This training course is based on students studying of psychology, anatomy, physiology, pathology, pathophysiology, biological and bioorganic chemistry, internal medicine, pharmacology, neurology and are integrated with these disciplines. The course consists of 135 hours (4.5 ECTS credits) of Psychiatry.

Teaching process is conducted at a high scientific-practical level using a modern control methods and knowledge of remote technology in combination with classical techniques.

Lecture course includes 20 hours of lectures of psychiatry, including lectures which provide that reveal of future doctors basis on the organization of psychiatric services in Ukraine, general psychopathology, etiology, pathogenesis, clinical, treatment, prevention and examination of mental disorders. All lectures are saturated with vivid illustrative material and accompanied by a demonstration of thematic patients.

For medical students 4th year of training under the program for students in higher educational institutions III-IV accreditation levels 70 hours of classroom workshops are required. They are under the direct supervision of a teacher, students complete analysis of the major issues of the general psychopathology, special (nosology psychiatry) and Addiction. During these classes students are led by teacher control tests, case of apart studies.

Material and Methods. We examined 230 students of 4th year medical university. Each student has their own style and approach for perception. Different learning styles can be summarized in three main categories: visual, kinesthetic, auditory. There are students who learn better by using the information in the learning process pictures, images, charts, slides. Auditory type involves students focus on auditory sensations, attend lectures, audio. Kinesthetic learning acting types, paint schemes, actively are involved in the hold of patient or role-playing games.

Results. The 111 (48 %) students dominated the visual type of training, 66 (29 %), students who preferred auditory learning styles, kinesthetic styles – 52 (23 %) The learning styles of students are shown in Figure 1. Visual learning styles include: 54 females and 57 males; auditory learning styles include: 30 females and 36 males; kinesthetic learning styles include: 24 females and 28 males.

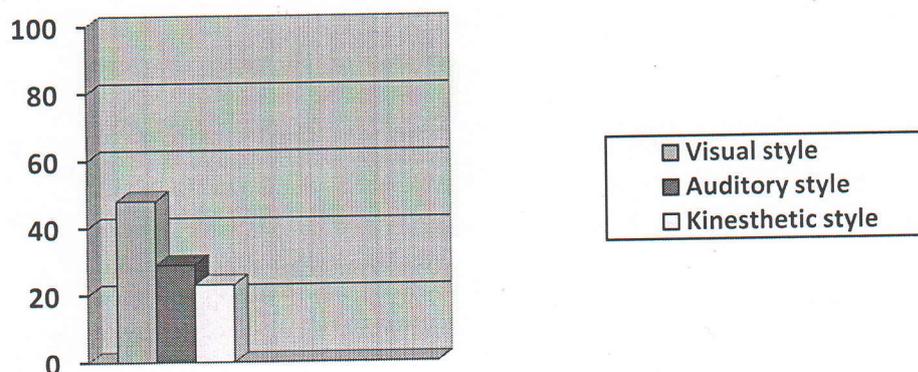


Fig. 1. Learning styles

Defining learning styles with which students learn the material, you can make learning more effective and interesting, selecting a presentation of the material and exercises that will be most useful, understandable and easy to remember. To study certain subjects better suited a particular learning style, but only by combining different styles you can achieve better absorption of information.

Successful learning includes memory, which is the first step to getting new knowledge, information coding and release it. Information passed through several filters. Sensory memory is the first filter on the path that passes information from the senses. All senses perceive currently kept in touch memory. Students do not attach importance to the majority of the senses, while not among them will be something unusual or something that deserves attention. Most sensations are ignored and our memory does not encode them. During training you need to pay attention on the fact that sensory memory characteristic is of addiction. Addictive is a relaxation response to sensory stimulation to the extent that it is not noticed. If the teacher uses the same teaching style and approach students will get used and ignore the submitted information. Diversity promotes concentration.

The next stage of remembering is a short-term memory. Short-term memory allows us to keep the information on the time it takes to do something. In the short memory it is held information that is important for the student needed for his actions or information that is surprising and does not meet expectations. Repetition allows to retain information in the short memory. The optimum number of elements contains seven (plus or minus two). Thus, the distribution of information on pieces will help students to effectively use their working memory and will understand what to focus on at the moment. If short-term memory is overloaded, it is difficult for information to go into long-term memory.

The aim of training is a long-term memory assimilation of information. All we remember is not stored in isolation but is a part of the association. The more associations are formed, the easier it will be to release information for student. For example, a student who knows the formula for ethanol, its mechanism of action, effects on the body, the clinical picture associated hepatitis easier and faster remembers clinical picture alcoholic delirium. But if a student has a low knowledge of basic subjects and only studied without understanding new material will remind him harder. So the basic knowledge of physiology, psychology, pharmacology, biochemistry and internal medicine is very important.

The information students must be structured, we achieve this with the help of charts, tables, and multimedia presentations. If there are a lot of information and it is not structured, it is harder to remember it.

We encourage students to prepare for the subject, taking into account of the context, namely in the library, when talking about theoretical knowledge in a clinic or about mastering practical skills. The information should be encoded in an environment similar to what should be occurred from the memory.

Therefore, students in each class spend holding of the patients and clinical solve situational problems, remembering which improves symptoms and syndromes. It is one of the most difficult types of emotional context. The emotional context for practical class is different from the context of the work at the clinic when the doctor responsible for the patient's life or faced with deviant behavior of the patient. In class we use role play technique, namely the technique of a virtual patient that allows a certain emotional context. One student representing a patient with a particular disease and syndrome, and other students are the doctor and his assistants that diagnose disease, make a plan examination and treatment.

Discussion. During the using of distance learning we actively use tests with multiple choice answers that recognize the right information at the right stock options easier for our memory, but to check the capability of the information we use clinical case studies that assess teacher. To make the task of training more attuned to real situations in clinical practice we give students exercises to train memory and practical skills such as conducting interviews with patients and develop a plan of examination and treatment depending on the particular disease.

There are different types of memory that have different coding and release information. Declarative or semantic memory contains all that we can explain clearly. Episodic memory - refers to personal experiences or events in life. Conditioned reflex memory includes unconscious mechanisms involving automatic reactions. These mechanisms can be congenital and acquisition by consciously practice and repetition. Procedural memory allows us to do some consistent actions that require a phased approach. Procedural memory may be unconscious. It is associated with muscle memory, when an action is executed so well that requires no conscious effort. A conscious focus is used for other purposes.

As a result, the memory is based on coding and release of information; students receive a continuous flow of information, so they pay attention to things that are important for them; students are accustomed to repetitive stimuli, so the learning process can not be monotonous memorization of information; working memory has a limit because the information required the group; information is retained in the memory only when it is needed to perform a task, because students have to use it in the supervision with patients or to solve situational problems; mentioned material is better if it has many associations. If emotional contexts is in teaching, the release of information will be similar, the student can effectively use it in practice; storytelling clinical cases makes it easier to absorb information.

Conclusions.

1. Implementation of a training program in Psychiatry with a combination of modern technology and classic forms of domestic teaching methods form students' ability to apply knowledge of Psychiatry in further education and in professional activities, expand their horizons on applications acquired professional skills, lay the foundations of a healthy lifestyle and prevention of mental disorders during life.

2. Psychiatry is appropriated to take account of learning styles with which students learn the material, making the learning process more tailored and affordable, training – more effective and more interesting, understandable and easy to remember.

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