

знаходились в межах фізіологічної норми, ознак лімфопенії не виявлено в жодному випадку, що, можливо, пов'язане з анатомо-фізіологічними особливостями новонароджених дітей. Не зареєстровано жодного випадку тромбоцитопенії, але у процесі динамічного спостереження у 3 новонароджених (43%) із 7 обстежених виявлено тромбоцитоз (більше 500 Г/л), що можна пояснити реактивними змінами, пов'язаними з перенесеною інфекцією. У гемограмах обстежених хворих відносний моноцитоз (більше 10%) відзначався у 42% випадків, що, можливо, пов'язано з початком відновлюваного періоду на тлі інфекційного процесу, причому в однієї дитини виявлено 15% атипових мононуклеарів. Коронавірусна інфекція, спричинена SARS-CoV-2, верифікована на підставі позитивної відповіді у ПЛР-тесті на другу добу після поступлення до стаціонару в усіх новонароджених, а на сьому добу позитивні тести зберігались у 42% випадках.

Середня тривалість стаціонарного лікування становила  $9,0 \pm 0,5$  ліжко-днів. Летальних випадків не зареєстровано.

**Висновки.** Установлено, що в більшості випадків підтверджено контакт новонароджених з хворими на COVID-19. Переважно діти поступали з дому у середньому на другу добу від початку захворювання, з клінічними симптомами, типовими для ГРВІ, і лише у двох пацієнтів у дебюті захворювання переважали ознаки порушень з боку шлунково-кишкового тракту. Перебіг захворювання мав сприятливий характер. Виявлені зміни в гемограмі у немовлят в катамнезі потребують подальшого динамічного клініко-параклінічного спостереження.

*Korotun O.P. (Chernivtsi, Ukraine)*

## **DEVELOPMENT AND IMPLEMENTATION OF THE CONTINUOUS STUDENTS FEEDBACK SYSTEM DURING ONLINE EDUCATION**

Introducing a culture of continuous feedback with students as one of the key elements of student-centered learning is the gold standard of the modern educational process in the world's leading universities and educational institutions. In the context of the COVID-19 pandemic and the widespread introduction of long-term distance learning, systematic and regular feedback with students becomes especially important, because the restriction of personal and nonverbal communication, and of emotional contact greatly impairs the teacher's understanding of student interest and satisfaction,

learning, and understanding of material competencies as skills and attitudes. This, in turn, can reduce the motivation of students to learn, and is also a risk factor for the development of emotional burnout of the teacher.

The aim of our work was to analyze the results and challenges of implementing a culture of feedback with undergraduate students in the context of distance learning of pediatrics.

Data and results of feedback implementation during the autumn semester of the 2020-2021 academic year with 108 foreign English-speaking 5th-year students at the Department of Pediatrics and Children Infectious Diseases of Bukovinian State Medical University were analyzed. The methods, channels, and techniques used for the feedback implementation and collecting were proposed in the course of the Ukrainian-Swiss project "Development of medical education". At the end of each practice session, an oral interview was conducted using a self-assessment system, as well as with the help of an interactive anonymous online poll in real-time. During the semester, open targeted surveys were conducted using group online chats and messengers; individual feedback was provided at the request of students. Several times during and at the end of the semester, a general anonymous survey of all students was conducted using self-developed questionnaires.

The results showed that regular and systematic feedback from students significantly increases student motivation, reduces the development of digital fatigue and burnout of both teachers and students, helps to properly focus the teacher's work on the preparation of lesson content and educational methodologies, as well as student work. and assimilation of instructive material. The assessment of the most complicated topics as well as loading reliability improves the learning program updating process. The involvement of students in the curricula formation increases the implementation of student-centered learning.

We would like to emphasize the importance of multichannel feedback system use. Since the feedback received through different channels was characterized by different parameters of reliability, speed of reaction, the emotional part, informativeness, and so on.

At the same time, there are some challenges for the implementation and systematization of the continuous feedback system. In particular, students' clip

thinking, initial prejudice and disinterest on the part of students, the need for time to develop, implement and analyze data from questionnaires, and so on.

Recommendations for successful and high-quality feedback are the simultaneous use of several channels for collecting feedback, systemic approach, and regularity, commenting and taking into account the views of students, gradual implementation, avoiding the use of large questionnaires that require long-term completion.

*Korotun O.P., Bilous T.M. (Chernivtsi, Ukraine)*

## **PECULIARITIES OF THE COMMON BLOOD TEST IN CHILDREN WITH DIFFERENT SEVERITY OF THE COMMUNITY-ACQUIRED PNEUMONIA**

Respiratory diseases are the most common childhood illnesses and occupy a leading place in the attendance of the family doctor and pediatric departments (Self et al., 2013; Neuman and Keren, 2013). The prevalence of respiratory diseases in children in Ukraine is significantly high (939.67 per 1000 people in 2017) and tends to increase over the past ten years (Antypkin et al., 2016). Although, there is a lack in the validated pediatric models for predicting the severity of community-acquired pneumonia and choosing the optimal treatment approach (Black et al., 2010; Bradley et al., 2011). Changes of the common blood test are important markers useful for the pneumonia severity assessment in complex with other clinical and para-clinical parameters.

The study was conducted at the Pulmonology and Allergology Department of the Municipal Medical Establishment “Chernivtsi Regional Children's Clinical Hospital” (Ukraine) in 2014-2018. Seventy children with community-acquired pneumonia (M – 38; F – 32; mean age  $8.6 \pm 0.57$  years) were examined by the method of "trial-control" in parallel groups using a simple random sample. Informed consent was obtained from parents of all research participants. Some data were extracted from patients' clinical records.

Diagnosis and management of children with pneumonia were performed following the national guideline “Pediatric Pulmonology”(2005). Two clinical comparison groups were formed: clinical group I – 42 children with the low risk of severe pneumonia (0-3 points), clinical group II – 28 children with the moderate risk of severe pneumonia (4-7 points).