

COMPETENCE PARADIGM IN INTERACTIVE TRAINING OF MEDICAL STUDENT

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The challenge to medical education took the form of the Flexnerian revolution when poor educational content captured public attention and concern, precipitating a chain of events that led to drastic reform establishing competency-based training for all physicians [1].

Competence cannot be contrasted with knowledge or skills. This concept is broader, it includes both «knowledge» and «skills». Firstly, competence expresses the importance of the traditional triad of «knowledge, skills, abilities», combining them. Secondly, it is defined as in-depth knowledge of the subject or mastered skill. Thirdly, competence is appropriate to describe the real level of training of a specialist who is distinguished by the ability to choose the most optimal among a variety of solutions. The most important skills that a competent medical student must have are the ability to think analytically, comprehensive problem solving, creativity, originality, initiative, leadership and teamwork, resilience to stress, flexibility, development, and technology use [2].

All health professionals in the country should be prepared to mobilize knowledge, always participate in critical thinking, thus indicating that they can participate in a patient-centered health care system [3]. The main attention should be paid to the methods of active learning as the most effective and efficient, the methodology of which teaches not just knowledge, but knowledge and skills altogether [4].

There is a necessity to seek actively new ways of improving the quality of education, to broaden the introduction of perspective new technologies into the educational and methodological process in the light of current problems of modern health care. First, the formation of competencies involves practical skills training based on the Medical University Simulation Center for Practical Training of Physicians. Here students and physicians can use the latest simulation technologies such as modeling clinical situations of varying complexity, virtual reality, and others [3, 10].

Besides that, the implementation of cutting-edge interactive sources for obtaining and understanding basic medical disciplines is the basis for the development of the professional competencies of the future doctor. Currently, interactive forms of learning using digital technologies are being actively implemented in the educational process. For instance, the most obvious for the study of medical biology is the 3D Medical Animations project, generated by Nucleus Medical Media inc. The project portal has a huge collection of 3D

animations for medical students. Their students can find illustrations and diagrams created with 3D technologies in the Pharmaceutical and Biotechnology chapter [5].

The concept of «interactive» corresponds to the ability to interact and dialogue to serious improvement and enhancement of the professional level of teachers. University researchers also can integrate broad and deep into the European scientific community. With the further implementation of the European Credit Transfer System (ECTS), which focuses the learning process on learning outcomes and student competencies, the requirements for the professional competence of research and teaching staff have increased significantly also [6].

Conclusion. Development and implementation of modern educational technologies require new approaches to management, involvement in the traditional system of teaching, and education of new elements. This process is not only important for increasing the value of knowledge and professional orientation of future professionals, but also for achieving new quality of education in the process of professional training.

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BENEFITS OF STUDYING WITH A STANDARDIZED PATIENT

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In light of the latest developments in the world related to the Covid-19 pandemic, when access to communication with real patients is quite problematic and limited, especially in pediatric practice, the use of simulated innovative technologies and techniques in education and work with standardized patients is quite appropriate. These methods are constantly being adjusted and improved in order to bring them closer to the most realistic.

The method of working with a standardized patient is used in the initial process in order to test the theoretical knowledge of the student and ensure the mastery of clinical skills of collecting medical history, complaints. The student learns to give priority to individual symptoms, according to the specific situational scenario in the clinical diagnosis and possible complications, to make the right choice for the appointment of laboratory and instrumental diagnostic methods to help confirm the correct diagnosis.

During a practical session on working with a standardized patient, a medical student learns communication skills, self-presentation and direct association of