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До развода суточного наряда психолог части составил акт о готовности личного состава к заступлению в караул. Акт утвердил заместитель командира части по воспитательной работе.

Акт доводился до командира и начальника штаба подразделения, которые расписались в ознакомлении. Акт оформили в специальном «Журнале углубленного изучения личного состава караула», который хранится у психолога части. В карауле на разводе суточного наряда психолог убедился, что изменений в составе караула не произошло.

Ещё раз была проверена готовность личного состава к заступлению в караул. Была произведена запись в постовой ведомости о готовности личного состава к заступлению в караул. Морально-психологическое сопровождение личного состава к заступлению в караул было обеспечено благодаря проведению психологических тренировок, упражнений и практических занятий.

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IMPORTANCE AND CONTENT OF CONTINUING PROFESSIONAL EDUCATION OF MEDICAL SPECIALISTS

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Abstract

In this paper, we have described the importance of the continuing professional education of medical specialists throughout their professional lives. We also informed about the main motivational moments of continuing professional development and typical models of this process. The paper presents the obligate goals and conditions of efficiency and success of life-long studying of doctors based on the experience of developed countries.

Keywords: Continuing Medical Education, CPD models, learning activities.

Introduction. All over the world, after graduating from medical universities, all medical specialists need to undertake some training activities lifelong to maintain, update or develop their knowledge, skills and attitudes towards their professional practice, because medicine is a very rapidly evolving subject. Ukrainian specialists have got different possibilities to realize the need of continuing professional development inside of the country and also everywhere of the world by using of on-line Internet studying activities.

According to the general definition, Continuing Professional Development (CPD) is the systematic maintenance, improvement and continuous acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide-ranging competences needed to practice high quality care delivery but also the multi-disciplinary context of patient care [1].

Aim of the work was to study and analyze the main content, principles and strategies of continuing professional education of medical specialists.

The main material. Continuing medical education (CME) is defined as any activity that serves to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The term CME has been largely replaced by CPD. While CME describes activities relating to medical knowledge and skills, CPD is a broader concept and has a wider context. CPD extends throughout the continuum of medical education and refers to continuing development of a large number of medical

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and nonmedical competencies including professionalism, and interpersonal, managerial, communication and social skills. Acquisition of all these competencies is essential to be a good professional. In other words, CPD includes all formal and informal activities that doctors undertake to maintain, update, develop or improve their knowledge, skills and attitudes towards their practice [2].

The motivation to engage in CPD is derived mainly from three sources:

1. The professional drive to provide optimal care to patients;

2. The obligation to honor the demands from employers and society;

3. The need to preserve job satisfaction and prevent burnout.

It is possible to identify several models of CPD for health professions, both mandatory, voluntary and no formal CPD:

1. CPD is mandatory for all professionals practicing in a country on the grounds of pre-defined requirements set by a competent authority and sometimes linked to a periodic review of professional registration or license (renewal, re-registration, re-licensing). For the purposes of this study, the definition of mandatory CPD does not encompass cases where the CPD requirement is established by another body, for instance a professional association (when membership in the professional association is not mandatory for all professionals) or an employer. This is the most common situation for most health professions in most countries surveyed.

2. A voluntary CPD framework is in place, not necessarily linked to pre-defined requirements set by a competent authority and in particular not related to a periodic review of professional registration or license (renewal, re-registration, re-licensing). For the purposes of this study, the definition of voluntary CPD includes cases where CPD is de-facto mandatory for a part of the profession (members of a professional association, professionals working within the statutory health system or other employer-related requirements) regardless of whether there are professional guidelines in place for the profession in question. A voluntary CPD framework may in addition co-exist with a mandatory CPD system.

3. No formal CPD structures exist and participation in CPD activities is left up to the individual professional. This is the least common situation recorded [3].

Learning activities must be appropriate to the identified needs. Learning modalities and methods can vary depending on the learner requirements and availability. These modalities must take into account differing learning needs and priorities of individual learners. Didactic learning sessions may help in integrating theory with practice, but more collaborative learning should be encouraged. Self-directed learning, individual reading and self-assessment of knowledge are usually practiced.

Effective CPD is characterized by the presence of three factors: needs assessment, a clear reason why a particular CPD needs to be undertaken; appropriate learning activities: Learning that is tailor-made to identified needs; follow-up on learning: some follow-up after the CPD, which provides reinforcement and dissemination of learning [4].

CPD aims at enhancing competencies in the area of clinical skills and medical knowledge to deliver the best possible patient care. This includes broadening and deepening existing factual knowledge, procedural skills and intuitive knowledge. Medical practice has high levels of uncertainty and unpredictability, and doctors often have to make judgements in complex situations. Hence, they need to be aware of and responsive to societal trends that impact patient care. They must keep abreast of the latest developments in research, have the ability to critically appraise new

Also, doctors must aim to acquire organizational skills such as administrative and managerial skills, team building abilities, leadership qualities, and communication and interpersonal skills, which will hold them in good stead in their daily activities. Knowledge and awareness of concepts of professional behavior, judgement and ethics are crucial for providing best practice in medicine.

CPD models vary from place to place. The three common models of CPD are:

1. *Update models* where the aim is simply to communicate or disseminate information.

2. *Competence models*, which aim to ensure that minimum standards for knowledge, skills and attitudes are attained.

3. *Performance models*, which aim to help doctors overcome barriers to successful changes in practice and help them resolve clinical concerns [3].

The important principles for CPD, which were recommended by the Academy of Medical Royal Colleges in the UK, suggest that CPD activities should be reflective of professional practice and performance. These should include development outside narrower specialty interests and use a balance of learning methods. These also allow credits for untimed activities such as writing, reading and e-learning if sufficiently justified by the participant. Participants are required to collect evidence of learning. Self-accreditation of relevant activities and documented reflective learning is allowed and encouraged [5].

Conclusions. Thus, the improvement of the modern international models and trends in continuing professional development for health professionals in Ukraine has been, and continues to be, an area of interest for the global community of health professionals and education theorists.

CPD involves not only educational activities to enhance medical competence in medical knowledge and skills (CME), but also in management, team building, professionalism, interpersonal communication, technology, teaching, and accountability. CPD is an ethical obligation for all health professionals to ensure their professional practice is up-to-date and can contribute to improve patient outcomes and quality of care.

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