

university, moving in this direction on their "own risk" being solved questions of manning and organization of a simulation training, often testing the resistance even in their teams - not sufficiently developed yet the evidence base the effectiveness of simulators, their high cost, time consuming and resistance changes, but the process of creating a simulation training centers is carried out, including in medical schools. Thus, we propose to consider simulation technology in teaching ordinary students, not only as part of clinical training, and more, as one of the mechanisms that trigger and forming clinical thinking at a high level and motivated. Therefore, these forms of learning need to be determined methodological support and supervision of the leading educational associations, scientific assessment and further research and improvement.

THE USE OF DISTANCE LEARNING TECHNIQUES TO PREPARE MEDICAL STUDENTS TO THE TEST LICENSE EXAM "STEP 2"

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The test license exam (TLE) "Step 2", based on the educational program within the IV-VI courses of Medical school, is a final standardized method of control of the professional level of graduates, their ability to apply acquired knowledge to diagnose and determine approach for managing the most common diseases. Usage of a distance learning contributes to the development of skills of independent self-work, and at the same time, makes it possible to obtain a modern, updated information and knowledge on a variety of subjects by a wide range of students. Thus, in Bukovinian State Medical University (BSMU) the computer environment of a distance learning «Moodle» have been set up, which allows students to not only theoretically prepare for classes, reading the posted methodological materials, and master their practical skills by watching videos that demonstrate techniques and methods of certain manipulations, but to prepare for the "Step 2" exam via a free access to the base of all test license exams questions of previous years. At the same time, in the computer environment «Moodle» students have the opportunity to make a self-assessment of their knowledge through online testing, and teachers can check on-line the results and a level of student's activity in their preparation to TLE "Step 2". Materials and methods. In order to optimize the preparation of medical students for the TLE "Step 2" it has been analyzed the quality of knowledge in Pediatrics of 25 students of the 6-th course (specialty "General practice"), based on their results of both the computer exam by the program «Cascade» during practical training on a base of the department of Pediatrics and children infectious diseases of BSMU and students' self-testing in the distance learning community «Moodle». The survey results were analyzed by using the software package "STATISTICA 5.0" Stat Soft Inc. and Excel XP for Windows on a PC by parametric (Pt, Students' criteria) and nonparametric (Pφ, Fisher's angular transformation) methods of statistics. Results. According to the initial testing by the «Cascade» program at the beginning of the module №5 "Pediatrics" it has been noted that one-third of students (36,0%) could not correctly answer for more than 50,5% of the questions, which is considered as a positive result of the TLE "Step 2", and only three students (12%) were able to reach the 75% level of correct answers, which suggested by the department as a minimum positive result in the solution of tests, the correct answers to which are freely available in the «Moodle» environment. At the same time, at the final testing only three students (12%; Pφ < 0,05) could not correctly answer more than 50,5% of the questions. Analysis of the results of the final testing in the general basis of pediatric questions of TLE "Step 2" has been showed that students significantly improved their results (71,2% of correct answers during testing by a teacher in the program «Cascade» and 86,0% of correct answers according to a self-test in the distance learning community «Moodle») at the end of the training comparing to 56,1% of correct answers at the beginning of the module №5 "Pediatrics" (in all cases Pt < 0,01). At that, the results of the final computer-based testing of students using the program «Cascade» significantly associated with mean score of students' self-test in the distance learning system «Moodle» (r = 0,6; P = 0,005). Based on statistical analysis, with the aim of improving medical students preparedness to successful writing of TLE "Step 2", the advisability of their self-work in the distance learning community «Moodle» along with the need for regular monitoring of the such students' activity by a teacher have been proved.

OPTIMIZATION OF ORGANIZATION OF THE EDUCATIONAL PROCESS FOR FOREIGN STUDENTS

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Improvement in the quality of higher education and achievement of constant need of knowledge in the society together with the training of competitive specialists for foreign countries is prior in the framework of international cooperation. Nowadays educational system should be focused on providing of self-identity, structuring of continuous formation of thinking, developing skills of students, creating conditions for self-realization and getting used to "innovative thinking". Modern society requires changes of educational standards and new approaches to the educational process, involvement of updated educational technologies. One of the features of changes occurring in medical education is the increase of periods for individual study, while teaching and lecture periods are reduced. That is why the introduction of learning technologies based on new methodological basis of modern didactic principles, psychological and pedagogical theories that develop active approach to learning it is of a high importance. Increase of quality requirements to doctors training according to the requirements of the world higher medical education involves the introduction of the latest learning technologies to the teaching process, using various forms of educational process and control of the knowledge obtained in theoretical and clinical disciplines, especially under condition of limited time for study of each module. Their usage is highly dependant on the technical support - access to distance learning server, quantity and quality of its content, software for self-accumulation and systematization of the material etc. As an example, multimedia interactive whiteboard allows to enter a new stage in the formation of interactive learning technologies both for students and teachers. Since 2000 it has become a basic tool of informational and communicational technologies in the education systems of 150 countries, including the USA and countries participating in the Bologna agreement. The engagement of technological multimedia models directly in the educational process of practical training course in anatomy and propaedeutic