



3 months after basic therapy there is activation of lipid peroxidation and protein and inhibition of the state of the blood antioxidant system. 6 months after treatment, these figures hardly differ from the corresponding parameters the patients had before taking the treatment. When taking basic treatment accompanied by MD and TTZ, there is activation of lipid peroxidation and protein and inhibition of the state of the blood antioxidant system only 6 months after the therapy, indicating the need to undertake re-treatment. Further research in this area will significantly improve the treatment of diabetic patients complicated by neuropathy.

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EARLY CLINICAL EXPERIENCE

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Reform of higher education in Ukraine necessitates the development of mechanisms of higher educational institution (HEI), one aspect of which is the problem of effective selection of applicants and their further adaptation to the characteristics of education in the university that will provide high-quality training.

The specifics of the process of adaptation of students in high schools is determined by the difference in the methods of teaching in secondary and high schools. It takes a lot of time before the student adapts to the new requirements of education at universities. As a result there are significant differences in learning outcomes of one and the same person at school and university. There is a problem of learning new activities that would ensure the necessary degree of adaptation to specific conditions of high school.

During the last years universities worldwide have introduced medical students to patient contact, communication skills and clinical examination earlier than before. These courses are often entitled "Early Clinical Experience" or "Early Patient Contact" and usually employ general practitioners (GPs) as facilitators. From both student and facilitator perspectives, the need to evaluate these innovations in early medical education is apparent. A common contemporary view in medical education is that the teacher's task is to activate students in order to learn; to be a facilitator of student learning and to arrange and provide learning opportunities for students. This is clearly the case in early clinical experience courses. Here, the facilitator plays a central role in involving and encouraging students to learn from encounters with doctors, patients and personnel in health care. Students in early medical education are curious and motivated to learn from clinical practice. Besides focus on student learning conditions, facilitator working conditions and perceptions also should be considered as well.

In the present study we approached the overall learning climate created through teachers' interactions with students. The learning climate can be hard to study per se. It is difficult, but it is important and appropriate.

Students are involved in clinical work with the doctor and his staff at the clinic. A group of six students was scheduled to meet with the tutor for year. 1 year consisted of eight evenly distributed days of clinical tasks. There were four groups (24 students, average age 17-21). The tutors were 7, average age 30 - 62. Students attended a mandatory seminar every month on the following topics: medical ethics and deontology, especially communication in the medical environment, professional burnout, types of response to illness, the psychological characteristics of patients in various clinical diseases. A list of interesting literature and movies were suggested. Continuity was ensured in the teacher-learner relationship.

In September 2016, students and facilitators were given an anonymous questionnaire at a mandatory seminar at the end of the course. They were informed that the survey was a part of the research evaluation of the course and that participation was anonymous and voluntary.

The Early Professional Contact course was the first early clinical introduction course. According to evaluations of the EPC Course Questionnaire, both students and facilitators were satisfied with the course. The students found the course interesting and beneficial. They reported increased confidence when meeting patients and were inspired by their future work as doctors. Facilitators experienced a greater workload, less reasonable demands and less support than students. Thus, a discrepancy was observed.

Good courses need good facilitators. It seems important that facilitators are well educated and prepared for their task and are provided with adequate support, time and encouragement from hospital authorities and colleagues.

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CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF NONPSYCHOTIC MENTAL DISORDERS OF RHEUMATOID ARTHRITIS AND COMPREHENSIVE CORRECTION

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Rheumatoid arthritis is a chronic progressive autoimmune connective tissue disease that affects up to 2% of adults in developed countries during working age and is characterized by chronic erosive arthritis of mainly small joints and internal organs. Rheumatoid arthritis is in 2-3 times more common in middle-aged women than in men. The spread of rheumatoid arthritis of women over 65 years old is about 5% (Abramkyn A.A., 2016). The problem of the relationship of rheumatoid arthritis and mental disorders, according to current research, causes the interest. 60-70% of these patients have mental disorders (Korshunov N.I., 2015). This problem becomes important because population is