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## **ADVANTAGES OF OSCE IN COMPARISON WITH PRACTICAL-ORIENTED FINAL EXAMS FOR GRADUATES OF MEDICAL UNIVERSITIES**

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Establishing compliance of the level and volume of knowledge, skills, and other competencies acquired by graduates of higher medical educational institutions with the requirements of higher education standards obtained after 6 years of study at the university is carried out during the final certification of students. According to the European Credit Transfer and Accumulation System, attestation is carried out by assessing the degree of formation of competencies in the form of a single state qualifying examination, which includes OSCE (objective structured clinical examination).

The training of graduates of higher medical educational institutions consists in high-quality theoretical training of specialists and their mastery of a number of practical skills. Starting in 2022, the certification of BSMU graduates is moving from the usual format of practice-oriented exams to the OSCE format. Unlike the usual exams, OSCE demonstrates the practical preparation of the graduate for the real working conditions, allows the student to simultaneously assess knowledge and skills in many major subjects, shows communication and organizational skills

of the future doctor. The main goal of OSCE is to exclude a subjective approach to student assessment [1–4]. OSCE is provided in separate offices, which are an example of the offices of a clinic. Each classroom has an examiner who assesses the student's work at the station according to a standard unified checklist, which ensures that the assessment is objectified in advance [2].

In recent years, with significant restrictions on access to real patients in a real hospital due to quarantine restrictions, the OSCE format allows to simulate a variety of clinical situations without involving patients, does not require examination permission, and does not restrict graduates from uniformity of diagnosis depending on patient consent. Instead of real patients, standardized patients work at the respective OSCE stations, ie pre-trained individuals who play the role of a person with a certain set of complaints. A standardized patient can be an intern, clinical resident, actor, volunteer. The standardized patient receives instructions that clearly state the complaints, life history or illness that he must report to the student. A standardized patient can take part in a practical exam only after appropriate training and education. Any questions of the student which are not provided by the instruction, it should not answer, has no right to fantasize or add own information. Thus, the simulation of typical disease manifestations is standardized for all participants in the examination process and the skill scenario can be easily controlled, which of course is impossible to predict in a real patient [3, 4].

Practically-oriented final exams involved 5 main subjects divided into two days. One day students took a complex exam in internal medicine and surgery, the next day — an exam in pediatrics, obstetrics and gynecology and social medicine. Graduates had to master vast amounts of material to answer theoretical questions in the tickets offered in the exams, it was impossible to predict whether thematic patients would be ready for examination by students in the hospital and whether they would agree to a large number of examinations in a few days. In addition, in most cases, the examiners who assessed the student's theoretical training and practical skills at the patient's bedside were different people because the students worked with a team of examiners rather than according to a standardized scenario. The test of the student's practical skills on mannequins was not always conducted, but only spoken orally in the form of an algorithm of actions, not the actual demonstration. If a student had demonstrated skills on a mannequin, it was public in the lecture hall, where all the other graduates could watch and then just repeat, without even having this skill before.

In contrast to practice-oriented exams, OSCE allows exams to be personalized, unified and standardized. That is, in one station one task is performed, there is the same time to perform the same skill, the teacher evaluates

all students by the same method (according to the checklist), the exam is recorded on video, the standardized patient provides the same clinical signs of disease, the student is alone at the station during the exam. All this makes it possible to really assess the preparation of future doctors to work in a hospital with real people and unpredictable situations.

Thus, OSCE is a modern, informative, objective, standardized, qualified, specialized, informative and promising method of assessing the knowledge and skills of medical graduates.

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### **SIMULATION TRAINING — A MODERN METHOD OF TRAINING OF STUDENTS OF HIGHER MEDICAL ESTABLISHMENTS**

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Simulation training is one of the modern methods of practical training of students of medical educational establishments, based on realistic modeling or simulation of the clinical situation. Mastering and practicing skills during classes allows you to more thoroughly prepare the student for further independent activities, compared to the theoretical analysis of the clinical situation.

The main simulators used in medical education and at the Center of Simulating Medicine and Innovative Technologies of BSMU include mannequins