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З МІЖНАРОДНОЮ УЧАСТЮ
"МЕДИЧНА СИМУЛЯЦІЯ-
ПОГЛЯД У МАЙБУТНЄ"**



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ORGANIZATION OF THE PEDIATRIC STATION AND PERFORMANCE OF SKILLS BY STUDENTS-GRADUATES OF BSMU DURING OSCE

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Objective Structured Clinical Examination (OSCE) is a modern method of assessing practical knowledge and skills, designed to verify the acquisition of clinical skills and competence that cannot be assessed by traditional forms of examinations. Each station assesses one or more clinical competencies (eg, patient questioning skills, communication skills, physical examination skills, etc.). Conducting an exam in this format involves a standardized approach, in particular, the involvement of standardized patients, the use of standardized assessment tools, and standardized logistics of the exam day.

In 2023, the final exams for graduates of the Bukovinian State Medical University (BSMU) were held in the format of the OSCE international exam. This final exam was preceded by a lot of work done by teachers, trainers of the BSMU Simulation Center, university departments, the educational department and the students themselves. The entire exam included 10 stations of various profiles. Each student was given 5 minutes to complete any task. Before the main exam for students of the 6th year, a training OSCE was held during April 3-28, 2023 on the basis of the Simulation Center of BSMU. This contributed to familiarizing students with the new format of the final exam, improving the organization of the exam process, improving exam materials, and reducing the stress of both students and teachers.

A Station Passport was previously developed for each station, which includes detailed information on the progress of the task. The passport of the pediatric station “Standardized patient in the clinic of pediatric diseases, emergencies in pediatrics and pediatric surgery” included 10 tasks, instructions for a student, instructions for a standardized patient, instructions for an examiner, an algorithm for performing practical skills, and a checklist. The tasks of the pediatric station were of different directions: somatic conditions in pediatrics (4 tasks), children's surgery (3 tasks) and emergency conditions in pediatrics (3 tasks).

The instructions for the student were on the door of each classroom, where the performance of the task was demonstrated, the student had 1 minute to familiarize himself before entering the station. The role of a standardized patient

was played by individuals who imitated the child's parents and described the patient's complaints and somatic condition according to the questions asked by the students in the process of collecting complaints, life anamnesis and illness. During the tasks, students had to establish a preliminary diagnosis and a plan for further examination or surgical intervention or emergency care based on the information received. The checklist was compiled in such a way that in total, when completing all the components of the task, the student receives a maximum of 5 points. The passing level of the exam was considered to be 60%, i.e. 3 points according to the traditional grading scale. The grade from the checklist was transferred by the examiner to the student's bypass sheet, so he immediately knew his grade.

The exam was held from 24th May till 06th June 2023 for 6 groups of students per day from 8:30 a.m. to 11:50 a.m. and 12:40 p.m. to 04:00 p.m., taking into account reserve hours for groups that were unable to pass the exam due to the danger alert by the "AIR ALARM" signal.

During the exam, all classrooms were videotaped. The teacher-examiner had no right to communicate with the student for the objectivity of the assessment. In addition, objectification was facilitated by the fact that students were divided within the faculty into subgroups of 10 people in alphabetical order, rather than taking the exam as part of academic groups. Each student, instead of a traditional first and last name, had his own identification number, which was entered by the examiner in the check list.

The entire exam took 1 hour for each student. Within the 1st stage (10 people), the task did not change. The replacement of the situational problem was carried out after passing the exam by 1 group. Examiners accepted 2-3 groups on average. That is, the pediatric task profile changed twice a day. For example, out of 6 groups, the first 3 received tasks related to somatic pathology in childhood, the remaining 3 groups could have either tasks from children's surgery or emergency conditions in Pediatrics.

Conclusion. In general, both students and teachers left a good impression of the exam. The modern format of the exam, objective assessment, short duration, equipping with high-quality mannequins, realistic tasks, the opportunity to feel yourself at the "workplace" motivate students to prepare well before taking the OSCE and receive positive grades on the exam itself.

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EDUCATIONAL WORK OF MEDICAL STUDENTS WITH THE STANDARDIZED PATIENT IN PEDIATRIC

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In recent years, simulation training has been intensively implemented and used to train future doctors in modern conditions. This makes it possible to properly prepare students of medical universities to master and improve practical skills of working with a patient based on the theoretical knowledge obtained. This is an excellent way to correct the mistakes of higher education students when demonstrating practical skills in simulated conditions, which will directly affect the improvement of the quality of medical care for the population in the future [1,2].

High requirements for the quality of training of doctors, limitations in practicing practical skills on real patients, increased attention to the creation of safe conditions for patients and medical workers during the provision of medical care, as well as compliance with ethical norms, led to the formation of a new paradigm of medical education - the use of simulation teaching methods [3].

Classes on working with a standardized patient in pediatric practice are held with students of the 5th year of the "Medicine" specialty on the basis of the Educational and Training Center for Simulation Medicine and Innovative Technologies of the Bukovyna State Medical University. During the class, such competencies as "Skills of interviewing and clinical examination of the patient" are practiced, «Ability to establish a preliminary and clinical diagnosis», "Ability to diagnose emergency conditions", "The ability to determine the tactics of providing emergency medical care», «Skills in providing emergency medical care». The standardized patient, in our case, the mother (father, official guardian) of the child, whose role is played by a actor who has previously acquired the skills and knowledge to perform this role according to the instructions, without deviating from the practiced script, describes the symptoms of the disease that the imaginary child suffers from. The student's task is to demonstrate communication skills (construct a conversation correctly), collect passport data, clarify the purpose of the visit, collect data on patient