Міністерство охорони здоров'я України
Буковинський державний медичний університет

Матеріали

науково-практичної конференції
з міжнародною участю

"Симуляційна медицина погляд в майбутнє"

(впровадження інноваційних технолоогій у вищу медичну освіту України)

м. Чернівці
19 лютого 2021

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

МАТЕРІАЛИ

НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ

З МІЖНАРОДНОЮ УЧАСТЮ,

"МЕДИЧНА СИМУЛЯЦІЯ - ПОГЛЯД В МАЙБУТНЄ"

(впровадження інноваційних технологій у вищу медичну освіту України)

м. Чернівці

19 лютого 2021

УДК : 378.147.091.33-027.22(061.3)

С 37

Головний редактор:

Бойчук Т. М. – в. о. ректора Буковинського державного медичного університету, д.мед.н., професор.

Редакційна колегія:

Геруш І. В. – к.мед.н., доцент, проректор з науково-педагогічної роботи.

Ходоровський В. М. - к.мед.н., доцент, начальник навчального відділу з сектором моніторингу якості освіти та інформаційно-аналітичного забезпечення.

Смандич В. С. - к.мед.н., керівник навчально-тренінгового центру симуляційної медицини, асистент кафедри внутрішньої медицини, клінічної фармакології та професійних хвороб.

Хлуновська Л. Ю. - к.мед.н., асистент кафедри педіатрії та медичної генетики.

У тезах доповідей науково-практичної конференції з міжнародною участю лікарів, науковців та молодих вчених, подаються стислі відомості щодо результатів наукової роботи, виконаної учасниками конференції.

С 37Медична симуляція – погляд у майбутнє (*впровадження інноваційних технологій у вищу медичну освіту України*) (для лікарів, науковців та молодих вчених) : наук.-практ. конф. з міжнар. участю. Чернівці, 19.02.2021 року: тези доп. / Чернівці: БДМУ. – 267 с.

УДК : 378.147.091.33-027.22(061.3)

С 37

Буковинський державний медичний університет, 2021

to conduct training quite often and manage complex scenarios[5]. Helps prevent medical errors, while the lesson review program helps to conduct a detailed analysis and increase the effectiveness of training. The simulation provides staff with the opportunity not only to provide quality care to the patient, but also to make it as complete, consistent and reliable as possible[6, 7].

Audience response systems (ARS) technology has been increasingly utilized to stimulate more active learning in the classroom. ARS may facilitate student in-classroom participation and encourage group problem solving. Anonymity in responses allows the learner to engage without fear of embarrassment or being singled out by peers or the instructor. Regarding the incorporation of ARS into curricula, learners report strong positive acceptance, increased attentiveness, and enhanced engagement and enjoyment of the lecture experience. One controlled study suggested that immediate feedback after questions may improve knowledge condensation.

Reference

1. Chhetri S. E-learning in neurology education: principles, opportunities and challenges in combating neurophobia. J Clin Neurosci. 2017;44:80–3.
2. Cook D, Steinert Y. Online learning for faculty development: a review of the literature. Med Teach. 2013;35(11):930–7.
3. Wong G, Greenhalgh T, Pawson R. Internet-based medical education: a realist review of what works, for whom and in what circumstances. BMC Med Educ. 2010;12 https://doi.org/10.1186/1472-6920-10-12.
4. Maertens H, Madani A, Landry T, Vermassen F, van Herzeele I, Aggarwal R. Systematic review of e-learning for surgical training. Br J Surg. 2016;103:1428–37.
Tarpada S, Morris M, Burton D. E-learning in orthopedic surgery training: a systematic review. J Orthop. 2016;13(4):425–30.
5. Cook D, Garside S, Levinson A, et al. What do we mean by web-based learning? A systematic review of the variability of interventions. Med Educ. 2010;44:765–74.
6. Dong C, Goh P. Twelve tips for the effective use of videos in medical education. Med Teach. 2015;37:140–5.
7. Atlantis E, Cheema B. Effect of audience response system technology on learning outcomes in health students and professionals: an updated systematic review. Int J Evid Based Healthc. 2015;13:3–8.

SIMULATION BASED LEARNING

Stoliar D.B., Lavriv L.P.
Bukovinian State Medical University, Chernivtsi

Medical Simulation is the modern-day methodology for training healthcare professionals through the use of advanced educational technology. The health care team comprises doctors from various disciplines, nurses, physiotherapists, radiologists and radiographers, pharmacists, medical students, and other personnel [1]. That's why we need to create multi-disciplinary role-model teams to perform one scenario. In this case, we can better understand flows in team-based interactions between different groups of students or participants that working in one simulation-scenario. Nowadays, in education centers, widely used few types of Medical Simulation are Manikin-Based Simulation, Skills-Training Simulation, Tissue-based Simulation, Virtual Reality Simulation, Standardized and Patient Simulation types. Such a variety of Medical Simulation is

required for testing and learning of specific skillsets for experienced healthcare participants and students. We can briefly describe those types: Manikin-Based Simulation - gives clinicians hands-on experience and an added benefit of eliminating the risk to an actual patient; Skills-Training Simulation - improves critical thinking, decision making, and clinical techniques all without risk to a real patient; Tissue-based Simulation – gives the learners' opportunity to practice procedural skills outside of the clinical environment, mostly tissue stitching; Virtual Reality Simulation creates an activity in a low-risk simulated environment that is as close to real-life as possible without impacting patient care or patient health; Standardized and Patient Simulation - pairs technical skill with experiential learning to help learners build crucial communication soft-skills necessary for patient care while administering medical care. For better understanding Educational Center may operate with more complex simulation scenarios like a standardized patient can be paired with a task trainer providing learners an opportunity to perform more invasive skills on the task trainer instead of an actual person [2]. The last type of Medical Simulation can provide a more realistic experience for learners.

Medical simulation allows the acquisition of clinical skills through deliberate practice rather than an apprentice-style of learning. Simulation tools serve as an alternative to real patients. A trainee can make mistakes and learn from them without the fear of harming the patient. The skills of a participant of Educational Simulation Centre may be enhanced with the use of the Medical Simulation Scenarios may include technical and functional expertise training, problem-solving and decision-making skills, interpersonal and communications skills, or team-based competencies.

In conclusion, simulation-based training may open a new educational application in medicine and teaching schemes, and trainee or experienced healthcare workers may be more focused on study plan flows of different subjects or topics.

References:

1. Al-Elq AH. Simulation-based medical teaching and learning. J Family Community Med. 2010 Jan;17(1):35-40. doi: 10.4103/1319-1683.68787. PMID: 22022669; PMCID: PMC3195067.
2. Lateef F. Simulation-based learning: Just like the real thing. J Emerg Trauma Shock. 2010 Oct;3(4):348-52. doi: 10.4103/0974-2700.70743. PMID: 21063557; PMCID: PMC2966567.

ASSESSING AND EVALUATING THE SIMULATION EFFICACY IN EDUCATION?

Sydorchuk L.P., Khomko O.Y., Sydorchuk R.I., Kyfyak P.V., Knut R.P.

Bukovinian State Medical University, Chernivtsi

For many, assessment and evaluation are synonyms and difference between them is not quite clear. This fact significantly impairs learning efficacy, especially when focusing on simulation learning, which is becoming rapidly growing technique in modern medical education.

We aimed on determining differences between learning assessment and evaluation, as well as attempted to find their combinations and use in simulation leaning.

As defined by the vocabulary, assessment is the action/act of assessing someone or something. It means making an estimation or judgement of the nature, quality, features of someone or something, and means the process of documentation knowledge, skills, attitudes and beliefs.