МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ЦЕНТРАЛЬНИЙ МЕТОДИЧНИЙ КАБІНЕТ З ВИЩОЇ МЕДИЧНОЇ ОСВІТИ
ДВНЗ «ТЕРНОПІЛЬСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ
ІМЕНІ І. Я. ГОРБАЧЕВСЬКОГО МОЗ УКРАЇНИ»

Матеріали Всеукраїнської навчально-наукової конференції з міжнародною участю

"ДОСЯГНЕННЯ І ПЕРСПЕКТИВИ ВПРОВАДЖЕННЯ КРЕДИТНО-МОДУЛЬНОЇ СИСТЕМИ ОРГАНІЗАЦІЇ НАВЧАЛЬНОГО ПРОЦЕСУ У ВИЩИХ МЕДИЧНИХ (ФАРМАЦЕВТИЧНОМУ) НАВЧАЛЬНИХ ЗАКЛАДАХ УКРАЇНИ",

присвяченої 160-річчю з дня народження І. Я. Горбачевського (з дистанційним під'єднанням ВМ(Ф)НЗ України за допомогою відеоконференц-зв'язку)

15-16 травня 2014 року
м. Тернопіль

ЧАСТИНА 2

Тернопіль
ТДМУ
«Укрмедкнига»
2014

УДК 614.253.52 (07.07)

Відповідальний за випуск: проф. І. Р. Мисула

“Досягнення і перспективи впровадження кредитно-модульної системи організації навчального процесу у вищих медичних (фармацевтичному) навчальних закладах України”, присвяченої 160-річчю з дня народження І. Я. Горбачевського (з дистанційним під’єднанням ВМ(Ф)НЗ України за допомогою відеоконференц-зв’язку) : матеріали Всеукр. навч.-наук. конф. з міжнар. участю (Тернопіль, 15–16 травн. 2014 р.) : у 2 ч. / Терноп. держ. мед. ун-т ім. І. Я. Горбачевського. – Тернопіль : ТДМУ, 2014. – Ч. 2. – 748 с.

results of statistical analysis and indices of academic performance in Pediatrics, childhood infectious diseases due to the ILI "Step 2" in the dynamics of learning during 5-6th courses of 424 students of specialty "General Medicine" (including 228 female graduates) were evaluated. Ratio of men to women in the cohort of students was 1,0:1,2 (p = 0,1), 167 students were of foreign nationalities, the average age was 24,2 ± 0,2 years , a total number of females was 53,8%. The obtained results of the study were analyzed using the computer package "STATISTICA" StatSoft Inc. for Windows on a PC using parametric methods.

Results. According to results of an integrated licensing examination "Step 2" percentage of correct answers in the students of specialty "General Medicine" in pediatric subtests was 84,8 ± 7,7% as compared to total score – 74,3 ± 13,5%, p>0,05. Among the female graduates the overall percentage of correct answers was significantly higher (75,4 ± 15,3 vs 72,4 ± 11,4 in males, <0,01), and, in particular, the result of pediatric subtest (78,0 ± 14,6 vs 72,4 ± 18,4 in males, <0,001). In the male students of the specialty "General Medicine" number of missed lectures on Pediatrics, childhood infectious diseases during 5-6th courses was significantly higher (5,5±3,6 vs 3,8±3,4 in women , p <0,001). Among the students of specialty "General Medicine", who had maximum one missed lecture on discipline, the results of pediatric subtest of ILI "Step 2" were 81,4±11,7% (min: max: 35,5:100) versus only 71,2±18,4% (min: max: 9,7:100) in graduates who had 2-10 missed lectures (p <0,001). Among the 37 graduates of the specialty "General Medicine", who failed and answered properly to less than 50,5% of questions in pediatric subtest, 67,6% were males (p<0,05). Among the 134 persons with "excellent" achievements, who responded properly to more than 85% of pediatric questions, 58,2% were females (p <0,07). But the better performance of foreign students was not gender-specific [4], and only among Ukrainian graduates of specialty "General Medicine" – was associated with the female gender.

The percentage of correct answers of students based on the results of pediatric subtest of ILI "Step 2" was in a weak direct correlation with female sex (r=0,17; p <0,001) [3] and the final assessment results on state examination (r=0,24; p<0.03). Women accept more responsibility than men for the integrity of the learning environment and are more responsive to changes in it [1]. They also respond to feedback on performance, and at first appear to be more tolerant of negative events than men [5].

Conclusions. Analysis of the final performance in Pediatrics, childhood infectious diseases according to result of an integrated licensing examination "Step 2" was done in 196 male and 228 female graduate students of specialty "General Medicine". In female graduates of the specialty «General Medicine» ILI "Step 2" outcome of pediatric subtest was significantly higher and associated with better discipline as compared to males. The better performance of foreign students was not gender-specific.

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MEDICAL STUDENTS' TEST ANXIETY AS PREDICTOR OF STEP II AND ACADEMIC PERFORMANCE

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Introduction. The educational process brings a considerable amount of stress to medical students that can influence health status and may contribute to further professional burnout [1,2]. Test anxiety (a physiological condition, a combination of perceived physiological over-arousal, feelings of worry and dread, self-depreciating thoughts, tension, and somatic symptoms that occur during testing) was described

in about 25-50% of students [3]. Test anxiety has been shown to have a consistently negative relationship with test performance. An inverse relationship between test anxiety and grade point average in medical students was found, which was associated with female gender [4].

The study investigated the relationship between test anxiety and academic performance in 36 foreign graduate medical students of 3 academic groups who attended the final year. The applied study was in the form of an anonymous questionnaires which included sociodemographic data. Short test anxiety questionnaires: scale 1 (Sarason I.G. (1980), the total number of "true" answers above 12 signifies test anxiety) and scale 2, explored by the Nist and Diehl (1990), was developed for determining if a student experiences a case of test anxiety by choosing a number from one to five: a low score (10-19) indicates that student do not suffer from test anxiety, moderate scores between 20 –30 indicate that the level of stress and tension was probably healthy, scores over 30 suggest that students were experiencing an unhealthy level of anxiety. We assessed the test anxiety in association with academic performance during 4-6th years of studying Pediatrics and pediatric Step II results, with the intent to find different patterns in female and male medical students and different age groups.

Results. The average level of anxiety on a scale 1 was 5,5±2,6 and 6,2±2,3 points respectively in males and females, and on a scale 2 – 20,6±5,0 and 22,0±6,0 points respectively ($p>0,05$). High levels of students' test anxiety were not revealed. The sum of anxiety level on both scales slightly non-significantly decreased with increasing of students' age ($r = (-) 0,34$, $p <0,08$). Significantly better performance on the final module control in Pediatrics at the 4th course was revealed in a group of learners with low (I) and slightly increased levels of anxiety (III) as compared to the group with moderate anxiety level (II): 149±19 and 142±10 to 133±9 points (pI:II <0,03, III:II< 0,05). The same results of the final module control at the beginning of the 5th year were found: 145±12 and 143±16 to 131±10 points (pI:II <0,01 , III:II<0,05). However, while passing next four final module controls at the 5th and 6th courses results of educational performance in subgroups with different levels of test anxiety were not significantly varied. However, with the increase of students' test anxiety positive dynamics of the initial to final test results of the base "Step 2" becomes significant: in a group of students with low anxiety level – increase of correct answers from 72,0 to 79,6 % ($p<0,4$), in students with moderate anxiety level – from 60,7 to 78,0% of true answers ($p<0,09$) and among students with high levels of anxiety – from 64.7 to 86,4% ($p<0,03$). It was shown, that administering regular course exams in an online format reduce test anxiety experienced at the time of the exam and improve exam scores. Examination of the relation between the emotionality component of test anxiety and performance revealed that moderate levels of physiological arousal generally were associated with higher exam performance [5].

Conclusion. Low and moderately increased anxiety test level associate with increase of academic performance only in the beginning of course learning. Better achievements in testing "Step 2" associate with the mild increase of students' test anxiety. Measures for reducing of testing anxiety academic distress should be targeted at introduction of online testing format.

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PROBLEMS IN TEACHING PEDIATRICS TO THE ENGLISH-SPOKEN STUDENTS

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Teaching pediatrics the English-spoken medical students does not always depend on the linguistic abilities of a teacher. Importance lies in the process of working with a patient near by his\her bed. In this