consciousness. It is mandatory to be ready for vast volumes of information, its analysis and synthesis of appropriate decisions. Peculiar feature for medicine that distinguish it from other fields of human activity is unpredictability of situations its individualization and individuality. Moreover, the flow of data changes due to medical treatment, surgical interventions and multiple other factors difficult or even impossible to control or take into account. Furthermore, the workload is aggravated by the demand for decisions to be produced in a real-time setting.

Formation of clinical skills and clinical thinking is an important part of medical education. Several approaches and maneuvers are employed at the Department of Family Medicine towards formation of clinical thinking in pre- and postgraduate students.

First of all, much attention is paid to formation of clinical thinking at the classes. Wide use of clinical tasks, analytical tests and clinical examples / situations is the first step. Students are consulted to organize their schedules, accumulate data, search it and select the most informative data set for each particular clinical situation. Next step includes data analysis aimed on both production of conclusions and repeated data collection. As all students have different previous educational history, different intellectual basis it is usual to repeat similar tasks several times in every group.

Next step of developing clinical thinking includes independent personal work. At this stage Department provides extensive dataset for learning including e-booklets and other resources. Results of independent activities performed at the out-of-the- class settings are then discussed during the classes. Tutor make corrections and necessary feedback, summarizing all cons and pros for this part of decision making process.

As for undergraduate students last stage of clinical thinking formation currently includes real life clinical situations under tutors guidance and supervision. Department of Family Medicine widely uses cooperative Centers for Primary Medical located in Chernivtsi as well as Centers at the outskirts of the city. This methodology is the most applicable for postgraduate students.

Creating clinical thinking in medical students is almost the most difficult challenge for both the tutor and tutee. Family Medicine Department creates multiple conditions for coping with current challenges including cooperation with practical clinical establishments.

MENTORING, NOT TEACHING BECOMES A MODERN TREND IN POSTGRADUATE EDUCATION

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Traditionally, relationship between the tutor and student was built as a set of characteristics involving production of knowledge and its acceptance. Tutor

provided data, information e.g. knowledge database, while students were responsible for acquiring this resource. With explosive growth of volumes of information and occurrence of different pathways of its sharing and mining the traditional tutors' role of data source becomes obsolete.

The current need for mentoring but not traditional teaching is determined by the following: need for someone who helps students identifying their educational goals and objectives; need for someone who watches out for the best interest of the student and ability to guide educational process; need for someone who is focusing on and committed to success of the student; need for someone able to treat students' careers as her/his own.

However, mentors' characteristics are very similar to ones of the good teacher. They include but not limited to inspiration, empathy, honesty/credibility, availability, integrity, approachability, role modeling, resourcefulness, listening/communicating, and flexibility. The list for mentee (student) includes features like motivation, self-reflectiveness, creativity, honesty, organization, resilience, persistence/sustainability, and activeness.

Analyzing the features for both mentors and mentees it is possible to find mutual responsibilities for both of them. Being appropriate means organization of systemic meetings and makes them regular. Being punctual is a second requirement. Preparation and organization is important requiring making an agenda and preparing work in a timely manner. Responsibility demands taking advices seriously and avoiding subjectivity; giving feedback on every activity and how things are doing.

However, debatable issues occur while trying to organize mentoring process. For instance, should the mentoring be structured formally (creating specific and detalized curriculum) with explicit parameters to ensure the standardized education or less formally structured so as to better meet the needs for individual mentees. Furthermore, it is debatable whether a mentoring program requires mandatory or voluntary participation of mentee and mentor. Another question is related to selection of mentees and mentors. Who selects the ones? Should the mentee be assigned to particular mentor or mentor selects the mentee? What is the role of both of them in this selection or is deans office dominant in this process?

Summarizing the mentorship and its benefits and disadvantages it is possible to conclude that mentorship may open new and hidden talents. It provides guidance and vision, education and skills training, exchange of experience, setting fair rules for all participants of academic process, networking and collegiality, cultural and lifestyle exchange.