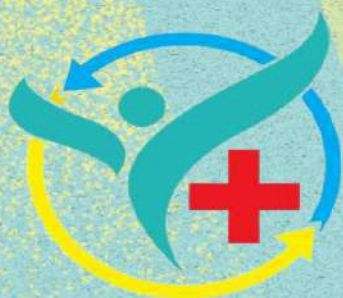


**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ
УНІВЕРСИТЕТ**

**м. Чернівці
20-21 лютого 2025**

**МАТЕРІАЛИ
З НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ
З МІЖНАРОДНОЮ УЧАСТЮ
"МЕДИЧНА СИМУЛЯЦІЯ-
ПОГЛЯД У МАЙБУТНЄ"**



УДК: 378.147.091.33–048.63:61(063)

М 42

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

М 42 Медична симуляція — погляд у майбутнє (для лікарів, науковців та молодих учених): наук.-практ. конф. з міжнар. участю.

Чернівці, 20–21.02.2025 року: тези доп. /Чернівці: БДМУ. — 292с.

УДК: 378.147.091.33–048.63:61(063)

М 42

Буковинський державний медичний університет, 2025

These interactive platforms not only enhance clinical reasoning and confidence but also prepare future doctors to adapt to modern medical challenges. Expanding their use across medical curricula could play a crucial role in strengthening global medical education, ensuring continuity and quality even in times of crisis.

ETHICAL CONSIDERATIONS IN THE USE OF SIMULATION IN MEDICAL EDUCATION

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Medical education transforms through simulation technology which healthcare professionals use increasingly. The positive aspects of simulation technology coincide with numerous substantial ethical risks which need immediate attention. The use of simulation in medical training raises multiple ethical quandaries concerning patient rights, safety risks and conflicts of professional duty together with performance expectations become unreasonably inflated. This paper evaluates simulation adoption in medical education through ethical lens while analyzing major obstacles and presenting ethical guidelines for practice.

In contemporary healthcare education SBME operates as the essential component by creating simulated training environments which enable clinical practice without risking damage to actual patient health. The widespread recognition of simulation advantages for clinical competence development creates ethical dilemmas because of its implementation implications. The responsible use of simulation needs ethical issues to protect medical profession values while also maintaining appropriate standards. The American study conducted by Issenberg et al. (2005) demonstrates that SBME enhances clinical skills while creating ethical concerns about its use in training settings {1}.

Healthcare operations strongly depend on obtaining informed consent from patients as an essential ethical foundation. Students along with simulated patients require information about the simulation framework and its underlying goals and potential dangers during this process. Full comprehension of different clinical environments is essential to establish between real-world and simulated clinical encounters. According to Cook and Triola (2009) medical simulations frequently lack proper informed consent processes thus creating ethical concerns about participants' understanding {2} that training is simulated.

Student learning depends on authentication through simulated scenarios which duplicate real-life clinical situations but risk no harm to actual patients.

The ethical issues emerge from the authenticity level of certain simulations since it creates expectations among students that may not align with actual patient care situations. According to Issenberg et al. (2005) simulation enhances learning results yet the authors warn against making simulations too realistic because this may cause students to anticipate real-world conditions which do not match the reality {1}.

The simulations with standardized patients and mannequins need careful design prevention of teaching unsafe practices or delivering misleading information. Kneebone (2003) demonstrates how high-fidelity simulations help clinical competence development yet these training sessions should be specially designed to prevent students from developing incorrect expectations about healthcare realities {3}.

Medical simulation techniques that employ life-like patient simulators create unknown mental impacts on both learners and teaching staff. The intended replication of realistic patient encounters through simulations should never make participants confuse simulated scenarios with real-world patient care experiences. The educators must preserve professional limits according to Shapiro and Rakhra (2012) to make sure students understand that clinical simulations differ from genuine medical interactions particularly in emotionally intense scenarios {4}.

The ethical concern relating to simulation-based education includes its easy availability. Medical institutions possess different degrees of capability to obtain advanced simulation technology. Assessment discrepancies between training programs contribute to education differences among students who belong to less privileged backgrounds as well as their educational institutions. O'Neill and Hu (2011) argue that deficiency in quality simulation training tools throughout various regions produces educational disparities which results in students lacking preparedness for hospital situations {5}.

As all the above points have demonstrated, medical education simulations deliver numerous educational advantages combined with better clinical results yet they produce important ethical complications. Medical education requires resolution of these underlying issues through standard operating procedures together with fully documented participant consent procedures supported by equal treatment approaches and professional requirements. Educators must consider ethics when implementing simulations to guarantee simulations promote dignity while preserving the core values of medical education practices.

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SIMULATION-BASED TRAINING HAS BECOME AN ESSENTIAL COMPONENT OF MEDICAL EDUCATION, BRIDGING THE GAP BETWEEN THEORETICAL KNOWLEDGE AND PRACTICAL APPLICATION

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Aim of the Study. Simulation-based training has emerged as a vital tool in medical education, offering a hands-on approach to bridging the gap between theoretical knowledge and clinical practice. This study aims to evaluate the effectiveness of simulation-based training in enhancing clinical skills, its realism in replicating real-life medical scenarios, and the challenges faced by trainees. Additionally, it examines participant satisfaction and suggests improvements to optimize the learning experience.

Materials and Methods

A structured survey was conducted using Google Forms, targeting medical students from third-year to sixth-year, including recently graduated students who had undergone simulation-based training. A total of 20 students participated in the study, providing insights into their experiences. The survey consisted of both quantitative and qualitative questions:

Effectiveness of Training: Rated on a 10-point scale (1 = Not Effective, 10 = Highly Effective).

Realism of Simulations: Assessed using categorical responses (Very Realistic, Somewhat Realistic, Neutral, Not Realistic).