

SECTION OF HUMANITARIAN AND PHILOLOGICAL SCIENCES

IMPLEMENTATION OF INNOVATIVE TEACHING METHODS IN MEDICAL EDUCATION

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Abstract

This work is an analytical review of domestic and foreign professional articles that covering the preparation of medical staff to determine the priorities of new strategies and methods of medical education. The article focuses on the use of mobile technologies (including portable devices), the introduction of interprofessional education in medical universities, the benefits of simulative training for students using various models, dummy, simulators and virtual simulators.

Keywords: medical education, innovative implementation, methods of training future physicians.

Introduction. The education system is one of the main, relatively independent, social institutions. The high pace of scientific and technological progress, the intensive growth of the volume of new information, in particular, in medicine, changing the requirements for the professional level of doctors, put forward the problem of improving medical education [1].

The aim of the presented work is an analytical review of modern domestic and foreign professional sources covering the issues of the training of medical workers, for determining the priorities in the latest strategies and methods of medical education.

Results. The nature of education in the medical area has changed with the development of technologies and new methods of education, and first of all, there was a need to bring the study space in line with the curriculum. The relevance of the study space to the curriculum directly depends on the leadership of the faculty and the requirements for the design of all types of training spaces: it is necessary to determine the strategic directions and goals for the development of educational environments in relation to the emerging requirements of the curriculum, to develop tools to maintain their leading role in briefing and programming etc.

Modern technologies have expanded the range of spaces and places in which learning takes place, and allow to introduce new learning styles. A similar phenomenon was called "network learning", which is studied using four different scales, depending on the place of study: audience, building, campus and city [2-4].

Mobile technologies (including portable devices) have the potential to improve the quality of learning in the basic medical education of students at their place of residence and beyond. In order to successfully use these technologies, medical teachers should be aware of the social and theoretical concepts that underlie their use in preclinical and clinical educational environments in which educational activities are conducted, as well as practical possibilities and limitations on their use [5].

One of the areas of "network learning" is Learning Bridge, an educational program designed to make students more effective in assimilating their material through active learning, self-learning and critical thinking skills, and subsequent application in professional practice. Learning Bridge is a process for integrating the teaching and empirical components of the curriculum to enhance the student's progress in both areas, offering students the educational opportunities for more active engagement with their mentors. Students learn better when they are actively involved in their studies. Promoting self-learning skills is a complex process for faculty and students. In the process of self-study, students are encouraged to apply their own knowledge, explore the available resources and make informed decisions for choosing answers to questions. The practical training given to students in carrying out practical tasks is expanded at the expense of the material they receive from traditional types of study in the classroom. At class lessons, students learn, focusing on the facts and ideas of teachers, abstracts and their colleagues. Students transfer their knowledge to practice and receive additional information when

applying the Learning Bridge, focusing on factual materials available in practice.

The training consists of unique modified blocks, the term of assimilation of each block depends on the presented topic. The Learning Bridge design includes 3 components: basic knowledge, applications, and integration into student learning. In the Learning Bridge, questions must be carefully selected to reflect the teaching material and apply to students in practical classes. In addition to answering questions, students must complete a practical assignment in accordance with the subject and get the signature of their mentor. To ensure the quality and feasibility of each assignment, faculty coordinators should consider practical training tasks developed by an academic curator. Tasks are distributed electronically among the students on the eve of the completion of the thematic block. Collecting and classifying students' answers and communicating with mentors is done by e-mail. Learning Bridge facilitates teacher-student communication on their websites, teachers support students communicate and analyze errors, determine the steps necessary to find the exact information needed to perform tasks.

Active Learning by Learning Bridge enhances student's ability to think independently and critically. The success of active learning is based on the students' previous understanding of the relevant didactic material, their interest in applying this understanding in the professional environment, and the role of mentor in helping students to determine further steps and critically assessing options for solving their tasks [6-8].

Students must learn a number of educational skills and abilities, through a comprehensive curriculum, namely, problem-based learning. This can not be achieved only by memorizing factual knowledge, but through the development of a wide range of cognitive and non-cognitive skills that enhance in-depth study. The CASE-study pilot program was designed to provide opportunities for: learning the necessary interviewing and communication skills for students, assessing residents' skills and confidence in specific situations, improving the teaching institution and assessment skills, encouraging collegial interaction between teachers and students, identifying the direction of developing curricula for students. This type of exercise provides a powerful feedback and assessment of opportunities for instructors and course managers [9-11].

Developed practical tips for writing CASE cases to engage students in active learning and discussion. During the initial training of the case, the authors must determine the goals and thematic tasks and determine the level of students. Authors should use an active language when writing a case; use their own description of patients; allow students to interpret data on their own; allow the determination of natural resources, rather than the submission of information in chronological order; and be realists in breaks in the treatment of patients. In addition, authors should pay attention to methods that enhance the discussion of creating barriers for diagnosis or treatment options; promoting issues and discussing most responses; to provide discussion and

assessment of the received knowledge with the help of tips; and lowering details or distracting information inserts. Finally, well-formulated questions involve students in a higher order of thinking; and stimulate curiosity and thoughtfulness [12].

However, there is still a gap between classroom education and clinical conditions. As patients are becoming more and more concerned about the fact that students and interns "practice" them, clinical medicine pays more attention to the safety and quality of patient treatment than on learning «at the table» and upbringing. It is clear that the training of a qualified doctor is not possible without contact and communication with real patients, but increasingly the safety of the patient and his well-being constitute an ethical problem. In this regard, there has been a shift from the use of traditional teaching methods such as didactic or mechanical teaching, to non-traditional learning methods, such as role-playing, modeling, live interviews, and the use of virtual environments. The evidence obtained suggests that non-traditional teaching methods such as videotapes, virtual simulation, simulation of patient symptoms in computer applications, reflection of standardized patients better improve students' understanding and skills, unlike traditional teaching methods, such as lectures and provision of materials for reading. Virtual simulation is a particularly unique learning opportunity for students, since it allows to study without the use of real life resources. Video clips, virtual simulations are the most widely used and effective approach [13].

Various models, dummies, simulators, virtual simulators and other technical means of training are also widely implemented in the Ukrainian health system, which allows to more or less accurately model processes, situations and other aspects of the professional activity of future doctors. Teaching clinical skills using dummies, simulators and standardized patients under the supervision of a teacher allows students and trainees to make mistakes in a safe environment that improves their clinical skills.

It was uniquely proved that simulation training should precede clinical education and supplement it, and then it allows the learner to achieve a higher level of clinical competence.

Conclusions. Thus, it is necessary to use a synthetic approach to the planning of the content of medical education, combining traditional, time-tested teaching methods, as well as innovative methods, modern means ("Learning Bridge", CASE-study). This will facilitate the provision of a psychologically comfort in learning skills. And it will give an active interaction of students and teachers, enhancing the student's ability to think independently, critically and comprehensively. It will help to theirs transfer the knowledge gained to a patient-centered practice.

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ПОНЯТИЕ, СОЦИАЛЬНАЯ ОБУСЛОВЛЕННОСТЬ И СОВРЕМЕННОЕ СОСТОЯНИЕ РЕГУЛИРОВАНИЯ ОХРАНЫ ТРУДА В РОССИИ

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Аннотация

В настоящей статье рассматриваются вопросы правового регулирования охраны труда в России на современном этапе. Автор приходит к выводу о том, что законодательство, несмотря на его постоянное реформирование, продолжает содержать пробелы и противоречия, а потому необходимо дальнейшее совершенствование регулирования охраны труда для создания надлежащих гарантий конституционного права на труд россиян.

Abstract

The present article deals with the issues of the legal regulation of labor protection in Russia at the present stage. The author comes to the conclusion that the legislation, despite its constant reform, continues to contain gaps and contradictions, and therefore further improvement of labor protection regulations is necessary to create adequate guarantees of the constitutional right to work of Russians.