МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
НАЦІОНАЛЬНА МЕДИЧНА АКАДЕМІЯ ПІСЛЯДИПЛОМНОЇ ОСВІТИ ІМЕНІ П. Л. ШУПИКА

ЗБІРНИК МАТЕРІАЛІВ
науково-практичної конференції
з міжнародною участю

БЕЗПЕРЕРВНИЙ ПРОФЕСІЙНИЙ РОЗВИТОК ЛІКАРІВ ТА ПРОВІЗОРІВ В УМОВАХ РЕФОРМУВАННЯ СИСТЕМИ ОХОРОНИ ЗДОРОВ'Я

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виконання даної програми навчальним планом передбачено традиційні види навчальних занять: лекції, семінари та практичні заняття. Теоретична підготовка передбачає активну участь слухачів у семінарських заняттях та лекціях. На практичних та семінарських заняттях слухачі циклу під керівництвом викладача опановують практичні навички із самостійного вирішення ситуацій дотичних до управління індивідуальним здоров'ям у сферах своєї практичної діяльності.

Навчальний план передбачає проведення освітнього процесу на циклі за очно-заочною формою з елементами дистанційного навчання, у тому числі 50 % академічних годин з використанням технології дистанційного навчання у вигляді заочної частини циклу. Дистанційно проводяться лекції та семінарські заняття. Практичні заняття проводяться за очною формою, на базі НМАПО імені П. Л. Шупика.

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THE FEATURES AND PRIORITIES OF CONDUCTING CLASSES IN THE REMOTE FORMAT IN PREPARATION FOR THE OSCE IN OBSTETRICS AND GYNECOLOGY IN THE COVID-19 ERA

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The whole educational system from elementary to tertiary level has been collapsed during the lockdown period of the novel COronaVIrus Disease 2019 (COVID-19) not only in Ukraine but across the globe. COVID-19 is called as pandemic due to its severity and fierceness also as the greatest global health crisis since after centuries in human civilization. This phenomenon leads medical students to turn to more digitally available resources such as YouTube and Wikipedia to supplement their university learning resources but these resources have few if any quality controls and can be misleading. Medical schools are now being forced to compete with tech companies, such as

Google, as the go-to educational resource. The world of medical education is going through a digital transformation, and medical schools must accept the change that is occurring if they want to remain the best providers of quality education for their students. Thus, this is the time to earnestly rethink, revamp and redesign our education system in much demanding need of unprecedented current situation.

Online education became a pedagogical shift from traditional method to the modern approach of teaching-learning from classroom to Zoom or Microsoft Teams, from personal to virtual and from seminars to webinars. Preliminarily, e-learning, distance education and correspondence courses were popularly considered as the part of non-formal education, but as of now, it seems that it would gradually replace or supplement the formal education system if the circumstances enduringly persist over the time.

To date, it is really hard to take classes in normal mode among the COVID-19 era in which to keep the social distancing is of paramount importance; it is no doubt online teaching mode became a necessity that brought an organization and individual both rethink everything.

Whereas someone believe that the fast move to online learning – with no training, lack of capacity, and little preparation– will result in a poor user experience that is not contribute to steady growth, others are sure that a new hybrid model of education will appear, with significant benefits.

For people who believe in offline learning, there is evidence that distance education can be more effective in a number of ways. Some research shows that on average, students retain 30-65% more material when learning online compared to only 9-11% in a classroom. This is mostly due to the students being able to learn faster online; e-learning requires 38-58% less time to learn than in a traditional classroom setting because students can learn at their own pace, going back and re-reading, skipping, or accelerating through concepts as they choose. That's why we conduct obstetrics and gynecology classes for students on the educational platform in a remote format.

During classes in obstetrics and gynecology on different platforms in a remote format, we have established a number of priorities from these centres to ensure an equitable and accessible online learning experience for students during the COVID-19 pandemic and into the future:

1. Create accessible materials: Before beginning classes we ensure that loaded documents can be easily shared and printed; share documents and materials that are compatible with assistive technologies; adopt inclusive writing, respectful and sensitive to students from different backgrounds;

provide descriptions in hyperlinks and images for students with visual impairments and using screen readers; format text in easily readable colours and fonts; provide course content materials in multiple formats.

2. Choose adequate digital technologies: We use digital technologies supported by university and institutional IT department; choose tools that include accessibility features and use digital technologies to help students work better.

When conducting classes we use different platforms, especially, Microsoft Teams platform. There we can create Google forms, record videos of practical classes, tests, audio recordings, orders, guidelines, demonstrate PPT, record lectures, evaluate students and monitor their results during module and classes. We attach any information according the lesson or exam to the files created by the team, including videos, using technology of flippedclass, in combination with previously recorded video in the simulation center by the trainers and professionals of various profiles. The platform has proven itself in the best way when conducting OSCE.

3. Record classes and lectures, and caption videos and audio content: we try to ensure the availability of lessons and lectures; facilitate the accessibility of these classes and lectures or any other video or audio content through captioning.

All classes and lectures conducted by us are recorded and remain for a certain period of time on the Microsoft Teams platform. Students can review them and analyze their mistakes.

4. Follow a flexible approach to student participation: we prepare for flexible timing for student assessment; discontinue traditional lectures; we provide additional time for completing tests and other evaluations when necessary.

Distance education has given us excellent opportunities to improve the flexibility of practical classes: both the time spent by the classes and the assessment of students.

5. Understand student needs: during classes we pause and ask students about their needs, their expectations and how things are going with them — because they know best about their own situation, administer ongoing surveys to monitor students' situations.

Which was clearly demonstrated by this COVID-19 pandemic is the importance of spreading knowledge across borders, communities, and all parts of medical education. If distance educational technology can play a role in online learning of students, it is necessary for us to study all of its full potential.