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THE ROLE OF SIMULATION TRAINING AT A MEDICAL INSTITUTE

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Abstract: The use of simulators, mannequins, phantoms allows you to repeatedly work out certain exercises and actions while providing timely, detailed professional instructions during work. It is the simulators that can repeatedly and accurately recreate important clinical scenarios and the ability to adapt the learning situation for each student.

Keywords: practical skills, simulation training, simulation educational technologies, mannequin, practical skills, modern medical education, medical education problems and solution methods.

Simulation training is a fairly new educational technique that is used in medicine. The use of simulators in healthcare is safe for patients, it allows you to simulate various critical situations in conditions close to real ones. At the present stage of development of higher medical education, the use of modern phantoms and simulators in the educational process is relevant [1]. This is due to the fact that it is not always possible to show certain pathological conditions at the clinical bases of departments. Simulation training in medical education is used to create conditions and develop algorithms for medical manipulations, including in emergency and extreme situations. This is due to the need for training for the mandatory simultaneous elimination of problems.

The uniqueness of the simulation training method is manifested in the possibility of using a repeated repetition in a single-type specified model conditions on simulators, simulators or with the help of other equipment to bring skill that requires meticulous accuracy, speed and standardization (any cognitive or manual actions carried out in the profession automatically,

without consciousness control) to automatism, which in the field of medical activity, otherwise, can provide only long years of practice and an abundance of patients [3,5].

The introduction of simulation training in the educational process requires the scientific and pedagogical staff to have knowledge and skills to use special teaching technologies in various specialties, for example, in therapy, surgery, obstetrics and gynecology, traumatology, endocrinology, anesthesiology and intensive care and others.

The presence of mannequins, phantom models, a complex of simulators for practicing practical skills for intravenous, intramuscular, subcutaneous, intradermal injections, a training model for cardiopulmonary resuscitation, a mannequin for care and resuscitation with equipment controllers enables a significant number of students and doctors to study, pass exams, to practice certain manipulations and practical skills [1,2]. Simulators, phantoms, simulators are mechanical and computer devices, thanks to which students and doctors can practice numerous clinical manipulations. Mannequins with individual elements, feedback, sound, with an automatic physiological response provide a real approach to the multiple provision and monitoring of medical care for people, which is difficult to achieve in clinics and at the patient's bedside [3].

Simulators provide the possibility of a plurality of repetitions of practicing practical skills, which entails a significant reduction in the number of medical errors and possible complications when performing manipulations. During the training, not only clinical skills, but also the ability to communicate with colleagues and patients. For this, special simulators, simulators have been created, and game teaching methods have been developed that allow you to simulate various clinical situations, including rare ones [3,6].

The work of the simulation center depends on many factors: the availability of specialized facilities designed to accommodate existing equipment and students, the organization of the learning process [5,6]. The use of simulators makes it possible to assess the level of acquired knowledge and acquired skills and abilities, as well as to predict the real outcome of manipulations carried out in real conditions, to fix the algorithm for performing skills, taking into account unexpected unforeseen situations [4]. To ensure the high quality of practical training, just the availability of simulators is not enough. It is necessary to use certain pedagogical technologies that ensure the continuity of the system of formation, development and improvement of practical skills and preparation for professional activities at all stages of training of medical personnel [4,5].

The use of information technology in the educational process requires the availability of qualified teachers capable of working in a new information

and educational environment. The instructor - teacher and students, as well as teaching and auxiliary personnel, participate in training simulation courses. The teacher or instructor demonstrates a clinical case, performs work using a simulation object [6]. During the simulation, it is recommended to conduct video recording or other fixation of exercises.

Training in a simulation center provides high digestibility of the material being studied and the possibility of an objective assessment of the level of training of students, clinical residents and cadets in connection with the modernization of thinking in general, as well as improving and enriching the pedagogical approaches of teachers to students [2,7].

Thus, the simulation technology, of course, is communicative, since it involves establishing contact and interaction between participants in the educational process. Information, penetrating into consciousness, initiates its active work and, as a result, starts the reverse information process, response and action [8].

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PATHOGENETIC FEATURES OF BRONCH-OBSTRUCTIVE SYNDROME IN CHILDREN

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Abstract: Bronchial obstructive syndrome (BOS) in children has been attracting the attention of both researchers and medical practitioners for many years, due to the widespread and heterogeneous nature of its development, and therefore, difficulties in differential diagnosis. Of particular difficulty is the differentiation of various manifestations of airway obstruction in young children due to the high incidence of biofeedback as the main syndrome, secondary syndrome, and even iatrogenic.

Keywords: bronchial obstructive syndrome, infectious pathology, inflammation, hypersecretion;

Bronchial asthma (BA) and various acute bronchial obstructive pathologies - obstructive bronchitis (OB), bronchiolitis, acute stenosing laryngotracheitis (OSLT - false croup), whooping cough - diseases in which violation of the airway, especially the bronchi, is the main manifestation. The identification and treatment of biofeedback is a key point in the diagnostic and therapeutic algorithms of these diseases [1,2]. The term "bronchial obstruction" refers to a pathological condition resulting from impaired patency of the bronchi with subsequent increase in resistance to air flow during ventilation and characterized by episodes of shortness of breath as a result of bronchoconstriction, inflammatory infiltration, hypersecretion and dyskrinia of the submucous glands, edema and hyperplasia of the mucous membrane of the respiratory tract, in particular [1, 3]. From a biological point of view, bronchial obstruction has a protective and adaptive nature, preventing the penetration of various foreign agents, including infectious pathogens and allergens, into the alveoli, thus preventing the development of pneumonia, and therefore is a universal mechanism for the protection of