

REGARDING THE WAYS OF IMPROVING THE REMOTE STAGE OF BLENDED LEARNING IN TEACHING THE THERAPEUTIC DISCIPLINE

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Introduction. The functioning of the educational system in the conditions of blended learning combining distance and face-to-face learning format requires the high-quality implementation of a “new” remote stage [1, 2]. The measures aimed at searching modern models and improving existing teaching methods will potentially contribute to increasing the efficiency of students’ achievement of necessary competencies in mastering therapeutic disciplines. One of the possible options is the use of certain interactive learning methods that form such important competencies as knowledge, skills, abilities and the desire for self-development. Interactive methods most correspond to a person-oriented approach as they involve co-learning when a student and a teacher are the subjects of the educational process [3]. The technological abilities of such platforms as Google (Classroom, Meet) are enough to implement the interactivity principle of the following adapted methods of interactive learning in the study of internal medicine and endocrinology, occupational diseases, radiation medicine and clinical immunology [4].

Main part. The method of “case-studies” (CBL - case-based learning) is a method of active problem-situational analysis based on learning by solving specific task-situations. The main function of the case method is to teach students to overcome complicated unstructured problems that cannot be solved analytically. By their essence, cases are integrated complicated situational problems [5]. The data from case reports or outpatient medical records of specific patients are used as material for “case studies”. The tasks or questions are developed for each case report.

“Lesson-conference”. It’s conducting classes on the topic as a conference with a regulated time. Each student is given a separate topic for a speech as a part of homework. The class simulates a scientific conference: speeches, questions, summary, choosing the best report. At the same time, the ability to mobilize to describe and define the leading features and peculiarities of given nosology is formed, as well as the skills of public speaking and analysis of the received data.

“Creative tasks”. The goal is to increase interest in the subject by developing a non-standard approach to learning some material. One of the variants of a creative task is making crossword puzzles which contain diagnostic and treatment questions. This is both a way of self-realization and an indicator of the assimilation of the conceptual apparatus of the subject. Another variant of the creative task is a quiz on a medical topic conducted in the form of “question-answer”.

The use of educational interactive video courses. The purpose is in teaching the methods of differential diagnosis, treatment. The achievement of this goal is based on the creation of a situational task in the form of a short video with subsequent involvement of students in a business game. The video fragment ends with a test to assess the assimilation of the material.

“Brain storm”. The goal is to get some variants of an idea of the clinical situation from the group over a short time and evaluate students’ basic and current knowledge. The essence of the process is that the group is given a topic, question or an unfinished activity. The task is to receive a large number of various proposals with subsequent analysis.

“Discussion”. The essence of this method is to exchange the views on a specific problem in a format of “roundtable discussion”. It allows you to learn to defend your point of view and listen to others that ultimately activates thinking and ensures conscious assimilation of the educational material as a product of its mental processing.

Interactive information technologies involve the use of various computer multimedia educational programs, for example, a program on auscultation of the heart which combines a structured description of tones and noise melody with their audio-visual accompanying depending on the pathology and the auscultation points and conducting zones, additional methods and samples for differential diagnosis, with test self-control of knowledge.

The premise for the implementation of distance learning is the combination of online technologies with interactivity as well as control of students’ activity and the effectiveness of their independent work

with the help of digital technologies, personalization and effective online interaction of a teacher and students.

Conclusion. The use of interactive learning methods will contribute to increasing the level of motivation in the development of professional training skills and student's experience of creative activity that determines the increase in the quality and efficiency of the educational process.

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ОКРЕМІ ДЕОНТОЛОГІЧНІ АСПЕКТИ ПРИ ЕВТАНАЗІЇ В ТЕРАПІЇ

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Мета: розкрити деонтологічні аспекти при евтаназії в терапії

Актуальність теми. Евтаназія – **навмисне прискорення смерті або умиртвіння невиліковно хворого, що перебуває в термінальному стані, з метою припинення його страждання** [1].

Науковці поділяють на активну та пасивну евтаназії [2].

Активна евтаназія, яка передбачає введення людині, що помирає, ліків або застосування інших дій, що викликають швидку смерть. Виконується спеціальними приладами або фармацевтичним препаратом. Пасивна евтаназія – припинення будь-яких дій для підтримання життя. Це ортотаназія – припинення будь-яких дій для підтримки життя хворого, який вважається невиліковним, що не повинно причиняти додаткових страждань. Також евтаназію поділяють на добровільну та примусову. Добровільна евтаназія – виконується тільки за проханням чи згодою хворого. Примусова – при відсутності згоди хворого.

Лікарі й досі сперечаються з приводу евтаназії, деякі вважають, що вона суперечить клятві Гіппократа, а інші вважають це проявом милосердя. З цього приводу були запропоновані аргументи «за» і «проти». Один з найважливіших – припинення болі і страждань. Якщо хворий тривалий час