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- Розвиток освітнього процесу
- Завдання вищої освіти у сфері розвитку суспільства
- Наукова та інноваційна складова в освіті
- Удосконалення методичного забезпечення навчального процесу
- Проблеми організації навчального процесу
- Удосконалення інформаційно-ресурсного забезпечення освіти

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Тези доповідей надруковано в авторській редакції. Автори матеріалів несуть відповідальність за вірогідність наведених відомостей, точність даних за цитованою літературою та за використання даних, що не підлягають відкритій публікації.

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РОЗВИТОК ОСВІТНЬОГО ПРОЦЕСУ

**ANALYSIS THE QUALITY OF LONG-TERM DISTANCE
LEARNING IN HIGHER MEDICAL EDUCATION**

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Introduction. The worldwide COVID-19 pandemic has changed people's way of life in all areas of activity. The higher education system has as well been impacted. Off-campus education, which previously seemed impossible in medical universities, has become a reality, highlighting the obvious shortcomings in the training of medical professionals: lack of communication skills and mastery of bioethical categories, teamwork, direct contact with the patient and his relatives.

The aim of the study. To analyze the quality of long-term distance learning in the system of higher medical education.

Materials and methods. Survey and questionnaire of scientific and pedagogical staff of clinical departments (n = 16) and senior students (n = 45) of Odessa National Medical University.

Results. The introduction of remote technologies in the educational process has caused a number of difficulties for both teachers and students. According to 13 teachers of clinical departments of Odessa National Medical University (81.25%) and 24 students of Medical Faculty of Odessa National Medical University (53.33%), even a detailed illustrated presentation of the material did not replace live communication, in which the teacher can place emphasis on the most important or difficult, from the standpoint of study process. There was no clear idea of the quality of mastering the material: whether everything is clear, whether all sections are studied to a sufficient extent. Students did not have the opportunity to ask clarifying questions. As a result of the limited time, the amount of feedback was significantly reduced.

Students often formally reviewed learning materials: articles, PowerPoint presentations, lectures, international guidelines, WHO documents, references. Test tasks were completed by the most active students, after which the answers were passed to the following groups. A similar trend was observed during the performance of situational clinical tasks. Some students were not motivated to study the material in presentations.

38 students (84.44%) noted difficulties using technical devices. Low speed internet and net overload, the use of free trial versions of communication programs, the absence of computers in some students, the use of outdated operating systems that lack support of educational platforms, such as ZOOM, Microsoft Teams, messengers and social networks (Viber, WhatsApp, Telegram, Skype, Youtube) were defined as the main causes that frequently violated the educational process.

14 teachers of clinical departments of Odessa National Medical University (87.50%) noted that the setting for remote learning was accompanied by the high complexity of developing online courses (lecture materials, presentations, virtual case history, test tasks, situational clinical tasks) and was time consuming. Teachers noted a significant increase in professional workload.

According to 15 teachers (93.75%), remote learning did not allow objectification of the level of actual knowledge of students. There was a significant discrepancy between the examination grade and the current performance. After analyzing the test tasks, situational clinical tasks and case history, it was found that most of the answers were copied off. Whereas, after analyzing the clinical tasks answers, fundamental errors were identified, demonstrating the lack of both basic knowledge and clinical thinking in students.

Conclusions. Despite the obvious imperfections, the remote learning will set its place in the future of medical education. In the absence of force majeure events, such as pandemic, the use of combined form of education is fully justified and creates time-saving conditions for both teachers and students without losses in the quality of education. Lectures, online classes with the involvement of experts, master-classes of top-specialists, current, boundary and intermediate test control of knowledge can be conducted remotely. The only part of medical education that cannot be fulfilled remotely is formation of practical skills and communication skills, mastering of the bioethical categories. During in-person education, it is advisable to use the capabilities of online learning systems to create textbooks, video, master-classes, cognitive skills simulators, situational clinical tasks, test tasks. It is necessary to improve the appropriate educational and methodological support of the remote learning process, to introduce new forms of teaching to increase the level of motivation of students in higher medical education.