

RESEARCH IN DIFFERENT STYLES OF TRAINING IN INTERN DOCTORS

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Annotation. There are different learning styles, three of which are the most popular - visual, auditory and kinesthetic, through which medical interns perceive information.

Research Objective: To explore the teaching styles of interns and to raise educators' awareness and understanding of the impact of teaching styles.

Teaching methodology: Students were examined at the Medical University, without significant differences in age and sex composition, place of residence, study. The study involved 106 intern doctors aged 20 to 24 years (66 women and 40 men).

Results: 106 students from the Dnipro State Medical University were included in the study. Students who preferred visual learning styles - 51 (48%), auditory styles - 31 (29%), kinesthetic styles - 24 (23%).

Key words: doctors-interns, students, types of memory, learning styles.

Introduction.

The educational process in modern universities is organized taking into account the possibilities of teaching modern information technologies and is focused on the formation of an educated, harmoniously developed personality, capable of constantly updating scientific knowledge and professional mobility. It is also based on the principles of science, humanism, democracy, continuity and continuity. It should be noted that in recent years, the organization of the educational process in higher medical institutions of Ukraine according to the European Credit Transfer and Accumulation System (ECTS) in accordance with the organization of the educational process [1]. This system allows you to bring the level of professional training of local citizens to the level of training in Europe, in addition, an important factor in

improving the quality of education and international contacts [2, 3]. In addition to acquiring knowledge, students, doctors should be able to apply their knowledge and develop clinical thinking. We investigated the teaching styles of interns, and especially the assimilation of information while studying at Dnipro State Medical University.

The educational process is conducted at a high scientific and practical level using modern control methods and knowledge of distance technologies in combination with classical methods. The lecture course includes 20 hours of lectures on dentistry, including lectures that reveal the basics to future doctors on the organization of dental service in Ukraine, etiology, pathogenesis, clinic, treatment, prevention and examination of dental diseases. All lectures are rich in vivid illustrative material and are accompanied by thematic demonstrations of patients .. During these lessons, students pass control tests, consider clinical examples.

Material and methods. We examined 106 interns of the first and second year of study in the internship of the medical university. Each student has a different style and approach to perception. The different learning styles can be divided into three main categories: visual, kinesthetic, auditory. There are students who learn better using information in the learning process: pictures, images, diagrams, slides. The auditory type involves the concentration of students on auditory sensations, attending lectures, audio. Kinesthetic teaching of acting types, coloring schemes, is actively involved in patient or role-playing games. Results. 51 (48%) students prevailed in the visual type of learning, 31 (29%), students who preferred auditory learning styles, kinesthetic styles - 24 (23%). By identifying the learning styles that students use to learn the material, you can make learning more effective and interesting by choosing the presentation and exercises that are most useful, understandable, and easy to remember. For the study of certain subjects, a certain learning style is better suited, but only by combining different styles can you achieve a better assimilation of information. Successful learning involves memory, which is the first step to gaining new knowledge, coding information, and releasing it. The information went through

several filters. Sensory memory is the first filter on the path that transmits information from the senses. All senses are currently perceived in sensory memory. Students do not attach importance to most of the senses until there is something unusual or noteworthy among them. Most sensations are ignored, and our memory does not encode them. During training, you need to pay attention to the fact that sensory memory is inherent in addiction. Addiction is a relaxing response to sensory stimulation that goes unnoticed. If the teacher uses the same teaching style and approach, students will get used to it and ignore the information provided. Variety promotes concentration. The next stage of memorization is short-term memory. Short-term memory allows us to store information about the time it takes to perform any action. Short memory stores information that is important for the student, necessary for his actions, or information that surprises and does not live up to expectations. Repetition allows you to keep information in short memory. The optimal number of elements contains seven (plus or minus two). Thus, chunking out information will help students to effectively use their working memory and understand where to focus their attention at the moment. If short-term memory is overloaded, it is difficult for information to go into long-term memory. The purpose of training is the assimilation of information by long-term memory. Everything we remember is not kept in isolation, but is part of the association. The more associations are formed, the easier it will be to provide the student with information. For example, a student who knows the formulation of ethanol, the mechanism of its action, the effect on the body, the clinical picture of associated hepatitis, memorizes the clinical picture of alcoholic delirium easier and faster. But if the student is poorly versed in basic subjects and studied only without understanding, the new material will remind him more difficult. Therefore, a basic knowledge of physiology, psychology, pharmacology, biochemistry and internal medicine is very important. Students' information needs to be structured, we achieve this through charts, tables and multimedia presentations. If there is a lot of information and it is not structured, it is more difficult to remember it. We encourage students to prepare for a subject in context, namely in the library, when talking about theoretical knowledge in the clinic

or about mastering practical skills. The information should be encoded in an environment similar to that which should come from memory.

Therefore, students in each class conduct patient retention and solve clinical situational problems, memorization of which improves symptoms and syndromes. This is one of the most difficult types of emotional context. The emotional context of the practice differs from the context of work in the clinic, when the doctor is responsible for the patient's life or is faced with the patient's deviant behavior. In the classroom, we use the technique of role-playing, namely the technique of the virtual patient, which allows for a certain emotional context. One student introduces a patient with a certain disease and syndrome, while the other students are the doctor and his assistants who diagnose the disease, draw up a plan of examination and treatment. Discussion. When using distance learning, we actively use multiple choice tests, which make it easier to recognize correct information and correct options for actions, but to test the possibilities of information, we use clinical examples that are evaluated by teachers. To make the learning task more relevant to real-life clinical situations, we provide students with exercises to train memory and practical skills, such as interviewing patients and developing a plan for examination and treatment depending on the specific disease. There are different types of memory that have different encoding and release information. Declarative or semantic memory contains everything that we can clearly explain. Episodic memory - refers to personal experiences or events in life. Conditioned reflex memory includes unconscious mechanisms that include automatic responses. These mechanisms can be innate and acquired through conscious practice and repetition. Procedural memory allows us to perform some sequential actions that require a phased approach. Procedural memory can be unconscious. It has to do with muscle memory when the action is performed so well that it does not require conscious effort. Conscious focus is used for other purposes. As a result, memory is based on coding and information delivery; students receive a continuous stream of information, so they pay attention to what is important to them; students are accustomed to repetitive stimuli, so in the learning process there can be no monotonous memorization of information; working memory is limited

because the information is required by the group; information is stored in memory only when it is needed to complete the assignment, because students must use it in supervision with patients or for solving situational problems; the material mentioned is better if it has a lot of associations. If there is an emotional context in teaching, the transfer of information will be similar, the student will be able to effectively use it in practice; telling stories about clinical cases makes the information easier to absorb.

Conclusions. 1. The introduction of a curriculum in dentistry with a combination of modern technologies and classical forms of home teaching methods forms students' ability to apply knowledge in further education and in professional activities, expands their horizons on the use of acquired professional skills, lays the foundations for a healthy lifestyle. 2. Dentistry should take into account the learning styles with which students study the material, making the learning process more individualized and accessible, learning more effective and interesting, understandable and easy to remember.

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