INTRODUCTION OF INNOVATIVE TECHNOLOGIES IN MEDICAL EDUCATION

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Rapid rates of medical development, high rates of renewal of modern knowledge have caused the demand for new mechanisms for professional education of medical specialists. In the US, the share of on-line education of medical specialists is about 30%.

The aim of the work is to study ways of improving medical education.

Materials and methods of research. With the help of descriptive analysis, scientific articles devoted to the issues of continuing education of a specialist doctor have been investigated.

Results of the work. The first attempt to create a distance form of education was undertaken by Ian Comenius 350 years ago, when he introduced the so-called system approach in education into broad educational practice. At the end of the XIX century there appeared the ancestor of distance education - the so-called correspondence education, which is now widely used as interactive teaching technologies. In Ukraine it is an analogue of correspondence education.

The system of continuous medical education will provide a high level of modern doctors' knowledge. The introduction of e-learning as a separate form of education will expand the use of distance education technologies and will ensure: access to relevant information; the possibility of self-education and assessment of knowledge for attestation.

Distance education means a set of educational services provided with the help of a specialized information and educational environment at any distance from educational organizations. The advantages of distance learning forms include: the opportunity to practice in a convenient place and at a convenient time; parallel education with professional activities; economy. As a methodological basis for distance technologies, it is recommended to use the convergent approach in the use of information resources. This method will help to fulfill the tasks of real clinical practice as high as possible.

At present, basic knowledge for a specialist doctor can be considered knowledge corresponding to the main provisions of clinical recommendations. However, often, clinical recommendations are not written in a single methodology, which creates the complexity for possible integration of them into a unified remote resource. Therefore, the key moment in creating a remote system for supporting clinical decision making is the creation of a strategic search model for supporting clinical decisions, which is based on clinical recommendations, national guidelines, resources of the electronic medical library, drug interactions registry, medical databases. In addition, distance education technologies can not only "give" knowledge, but also control their assimilation.

Conclusions. Introduction of innovative educational technologies in continuous medical education in the format of remote modular systems integrated with the electronic workplace of a doctor is an effective tool for professional development. Practical application of this resource will be able at the first stage to provide a standardized approach to clinical decision making on the basis of clinical recommendations, and in the future to become the basis for certification and accreditation of a specialist doctor in an open educational environment, which will certainly improve the quality of medical care.

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