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FEATURES OF CONTINUOUS PROFESSIONAL DEVELOPMENT OF SURGEONS OF URBAN HOSPITALS IN UKRAINE IN THE CONDITIONS OF PANDEMIC COVID-19 IN «YELLOW» AND «RED» ZONES

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Introduction. The continuous professional surgeon of surgeons of the city clinical hospital (CCH) is necessary to improve the quality of medical care of the surgical service of the CCH to the population of Ukraine. The absence of a continuous professional output of surgeons CCH, as a result, will affect the quality of provision of surgical care.

The complex epidemic situation on the COVID-19 incidence has affected the possibility of obtaining a continuous professional offering and the quality of continuous education of surgeons of the CCH of Ukraine.

Pandemic COVID-19 contributed to the introduction of communication on the internet (online) into the educational process. Such a form of training has positively affected the enhancement of the qualification level of general practitioners – family medicine doctors, doctors-pharmacists without separation from medical work.

However, the pandemic has become a serious problem for continuous training of city hospitals surgeons. Since the learning process of the surgeon requires contact learning: inspection of the patient, the presence in the operating room, participation in the operation itself, observing the patient after surgery, which caused certain difficulties in the learning process of surgeon doctors.

In connection with which, the problem of professional development of surgeons CCH in quarantine on COVID-19 remains relevant and requires new approaches to improving the learning process.

In June 2021, all Ukraine moved to the "green" zone. Due to the increase in the number of patients with coronavirus in september, 2021 Ukraine passed into the "yellow" zone. Considering that during quarantine, the regions introduced more stringent restrictions, the educational process during quarantine was mainly carried out in the conditions of "yellow" and "red" zones.

This was the reason for finding new methods in improving the training of professional development of the surgeons of the city clinical hospital in the conditions of "yellow" and "red" zones during the COVID-19 pandemic.

The aim. Optimize the methods of continuous professional development of the surgeons of the city clinical hospital during the period of the location of the regions of Ukraine in the "yellow" and "red" zones in the coronavirus pandemic COVID-19.

Materials and methods. During the COVID-19 coronavirus pandemic period, the remote method has proven to be an effective method. Distance learning is a mixed learning, which use various methods and forms of training aimed at implementing the curriculum and effective training [1, p. 2].

The remote learning method for surgeons allows you to conduct online lectures, clinical analysis of surgical patients, training on practical skills, carry out broadcast from the operating room with the discussion of the steps of the operation or another surgical situation during the operation. Individually, distance learning gives a surgeon: the ability to prepare at home, without breaking away from its functional duties; allows you to reveal your creative potential of a specialist; develop the ability to express your thoughts and your opinion; learning independently using the video materials of surgical manipulations and operations, inspection and examination of patients, the maintenance of patients in the peripheral period, the development of the algorithm for the maintenance and treatment of patients in non-standard situations, for example, with the complications arising during and after surgery. Undoubtedly, the assimilation of the received information improves video footage with comments of teachers, test control of the knowledge gained, followed by online-discussing all response results, reduced

intellectual voltage by reducing the time for training and conducting classes in convenient surgeon for a doctor.

At the same time, one of the problematic points of renovation of surgeons is the impossibility of adequate surveillance of operation directly in the operational, absence of mastering by surgical equipment of surgery, techniques of surgical techniques, especially in non-standard situations, for example, related to possible complications during surgery. Also, a schematic collapse of clinical cases has been released to properly reproduce clinical features.

At the same time, simulation learning is successfully used [2, p. 53]. With the help of simulation methods, training is tested to simulate quite real clinical situations. For remote surveillance, clinics video equipment, students gadgets, which allows you to observe surgical interventions or some surgical surgery.

The simulation training program is developed in such a way that doctors have observed real symptoms in the patient, and not their imitation. After that, the development of diagnostic aspects is carried out and the issues of tactics and treatment of the patient are solved immediately.

When demonstrating intraoperative situations it is possible to disassemble various aspects of surgical intervention, to conduct a discussion on the problematic moments of transaction or diagram, solve the volume of operation.

Caution deserves distance learning in online / offline modes. The theoretical part of learning, including lecture material, presentation, videos, a discussion of the patient who have arisen during training questions on the operation, the peculiarities of the perioperation period, discussion, test tasks must be carried out in online mode. That part of training concerning clinical manipulations, work in the operating room, the need to contact patients – to conduct in offline mode with the implementation and account of all regulatory requirements for World Health Organization (WHO) during the COVID-19 pandemic [3].

To improve the effectiveness of continuous professional training of surgeons in a quarantine and compliance with the recommendations of WHO according to COVID-19 coronavirus infection, during the development of new practical skills, training must be carried out on the basis of the educational institution where training courses are carried out. Surgeons who receive vocational training are in one or several training rooms (depending on the fulfillment of the requirements for COVID-19). In online mode, the mode is found out and study the history of life and diseases of the patient, complaints. The teacher demonstrates the clinical skills that must be seized. After that, the offline surgeon, under the guidance of the teacher, is mastered on the patient the practical component of the topic under study. It is important to note that

in offline mode attention is paid only to practical skills. Theoretical questions in offline are set only to improve the development of practical skills and clearly must comply with the subject of classes. The lesson continues in online mode. In the final part of distance learning in online / offline modes, there are obscure issues on the topic under study, discussions, a survey or in the format of tests on the subject of classes are being discussed.

Results and discussion. Despite the large number of advantages of the simulation method, which introduced progress in the system of distance learning, by approaching the online communication to reality, the main goal of the training of surgeons – mastering surgical practical skills, this method was not able to implement.

Distance learning in online / offline modes strengthens motivation to learning, allows you to carry out live communication by following all requirements during the COVID-19 pandemic, master practical skills, fully conduct theoretical training.

Conclusions. Only a remote learning method, which includes a simulation method of learning, it is advisable to use in the region with the "red" Pandemic zone COVID-19.

Training in online / offline modes effectively in regions with a "yellow" Pandemic zone COVID-19.

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