



МАТЕРІАЛИ

НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ
З МІЖНАРОДНОЮ УЧАСТЮ,
ПРИСВЯЧЕНОЇ 25-РІЧЧЮ
ФАРМАЦЕВТИЧНОГО ФАКУЛЬТЕТУ

**ФАРМАЦЕВТИЧНА ОСВІТА,
НАУКА ТА ПРАКТИКА:
СТАН, ПРОБЛЕМИ,
ПЕРСПЕКТИВИ РОЗВИТКУ**

19-20 ГРУДНЯ 2023
КИЇВ

НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ
ІМЕНІ О. О. БОГОМОЛЬЦЯ
ФАРМАЦЕВТИЧНИЙ ФАКУЛЬТЕТ

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Матеріали
науково-практичної конференції з міжнародною
участю, присвяченої 25-річчю фармацевтичного
факультету Національного медичного університету
імені О. О. Богомольця

19-20 грудня 2023 року м. Київ

Київ – 2023

УДК 615.03+[378.147:615](06)

Ф 22

Фармацевтична освіта, наука та практика: стан, проблеми, перспективи розвитку : матеріали наук.-практ. конф. з міжнар. участю, присвяченої 25-річчю фармацевт. ф-ту Нац. мед. ун-ту імені О. О. Богомольця, 19-20 груд. 2023 р. м. Київ / Нац. мед. ун-т імені О. О. Богомольця, Фармацевт. ф-т; уклад. та відп. за вип.: Т. Д. Рева, І. А. Костюк. – Київ, 2023. – 475 с.

ОРГАНІЗАТОР
НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ
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ISBN-978-966-460-165-5

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substantiated, represented by subsystems: communication, promotion, target audience, which include pharmaceutical market subjects in relationships: pharmacy institutions, intermediate and final consumers.

Using the theory of gaps, a study of informational communication flows at the level of pharmacy organizations was conducted, four types of gaps were identified (a gap in knowledge, a gap in standards, a gap in service, a gap in communications).

Conclusions. The conducted research makes it possible to develop an organizational-functional model for the use of informational communication flows and scientifically based recommendations for marketing research of information technologies, which make it possible to increase the efficiency and competitiveness of pharmacy institutions.

INCLUSIVE LEADERSHIP IN THE PROCESS OF CONTINUOUS PROFESSIONAL DEVELOPMENT OF PHARMACISTS

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Introduction. Inclusive leadership theory is a relatively new leadership theory that has emerged in response to new challenges in a multicultural global environment. This leadership theory is based on studying psychology and using a humanistic approach in interacting with various stakeholders. The theory of inclusive leadership can be used in multiple areas of professional activity, including the education system. The construction of the learning process, especially in the postgraduate educational system, should consider the level of professional development, professional interests, life-work balance, motivation, financial incentives, etc. «Regulations on the system of continuous professional development of medical and pharmaceutical workers» have been in force in Ukraine since 2022, and the issue of providing various opportunities for improving professional competencies among pharmacists is becoming increasingly relevant. Various online portals have gained popularity to provide opportunities for continuous training and development of pharmaceutical professionals. Thus, such opportunities are provided by pharmaceutical companies, pharmacies, institutions of higher education, and public organizations.

The purpose of the study. Analysis of approaches to implementing the inclusive leadership model in the system of continuous professional education of pharmacists.

Research methods. Literature review, content analysis, logical analysis.

Results. The inclusive leadership model consists of three sequential components: antecedent conditions, inclusive leadership behaviors, and outcomes. In turn, each component has its characteristics.

Thus, antecedent conditions consist of three components:

- leader characteristics,

- group diversity cognitions
- organizational policies and practices.

What should be the leader characteristics, or in this case, the characteristics of educational service providers from the viewpoint of inclusive leadership? They must have pro-diversity beliefs. In this case, they should understand their target audience, its expectations, differences exist between those undergoing training. For instance, there may be differences in digital literacy if learning occurs online or in the level of professional training, which may influence pharmacist engagement. Leaders must also have cognitive complexity, that is, the ability to see different options for solving specific problems, encourage diverse ways of thinking, etc. This will allow pharmacists in training to use their strengths during their continuing education courses. In addition, personal leadership characteristics matter. If a tutor conducts the training, then openness, goodwill, the ability to involve others in discussion, and a respectful attitude towards each participant in the educational process are essential.

The following condition is group diversity cognitions. Diversity cognitions within the group may influence inclusive leadership. So, suppose pharmacists share the principles of diversity and understand differences in people's values and perceptions during training. In that case, this is reflected in the learning process, the quality of discussions between participants, etc. In addition, participants in advanced training courses can gain additional value because they can learn different opinions and gain further professional knowledge, which they can effectively implement in their practical professional activities.

The last antecedent condition is organizational policies and practices. In this case, the equality of learning conditions, the presence of transparent policies for all students, and the absence of bias matter. In addition, it is critical to comply with the motivational component, which consists of obtaining a certificate, which can also be used to confirm professional certification, adequate assessment of passing a test or writing an essay, and getting the necessary points or credits for continuous professional development.

The second component of inclusive leadership is inclusive leadership behaviors. What behaviors should leaders demonstrate according to inclusive leadership theory? First, they must create psychologically safe environments. Participants in the educational process should feel comfortable and confident in expressing their opinions and receive support from the tutor. Educational providers should encourage divergent viewpoints of pharmacists whose goal is to improve professional competencies. In addition, the behavior of inclusive leaders should demonstrate to pharmaceutical professionals that they are all on an equal footing, regardless of their different professional backgrounds, positions, values, beliefs, and other factors.

The final component of inclusive leadership is outcomes. It is worth noting that the principles of inclusive leadership have a set of positive results on the effectiveness of continuous professional development. Pharmacists' engagement and confidence in their strengths and capabilities increase regardless of the level of professional training. The level of creativity and innovation in the learning process also increases; thanks to

the atmosphere of support and openness, pharmacists are not afraid to express different ideas and make mistakes and inaccuracies.

Conclusions. Implementing the concept of life-long learning for pharmacists creates conditions for using new and innovative approaches to provide opportunities for continuous professional development. One of these approaches is inclusive leadership. The model of inclusive leadership aims to form an inclusive environment that promotes higher engagement of pharmacists in the educational process, increasing their motivation and confidence in their capabilities, creating a comfortable psychological climate, etc. Using an inclusive leadership model significantly increases the competitiveness of providers of educational services for pharmacists, builds loyalty, and contributes to creating a sustainable and successful brand.

OPTIMIZATION MODEL OF PHARMACEUTICAL ASSISTANCE FOR PATIENTS WITH VARICOSE VEINS OF THE LOWER EXTREMITIES

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Introduction. Varicose veins of the lower extremities are currently one of the most common diseases of peripheral vessels. Varicose veins have been diagnosed in more than 8 million people, 15 % of whom have trophic disorders. Varicose veins of the lower extremities contribute to the development of chronic venous insufficiency. Large costs for the treatment of severe forms, as well as trophic ulcers, confirm that the problem of treating varicose veins in the early stages is urgent. In developed countries, the costs of treating only venous trophic ulcers amount to 1-3 % of the total health care budget. The prevalence and social significance of varicose veins and its complications determines the need to find not only effective ways of treatment, but also prevention, correction of the lifestyle of patients, as well as determining the place and role of pharmaceutical specialists in this, identifying possible ways to optimize pharmaceutical care for such patients.

The lack of comprehensive research in the field of pharmaceutical care organization for the specified category of patients is an obvious relevance, theoretical and practical significance of this dissertation research, which led to the choice of its topic, determined the goal and task.

The purpose of the study. Scientifically substantiate and develop organizational and methodological support for optimizing pharmaceutical care for patients with varicose veins of the lower extremities (without ulcers and inflammation).

Research methods. The methodology was based on general scientific (theoretical, empirical, information search method), interdisciplinary (system approach, sociological method, method of economic statistics) and special (pharmacoeconomic analysis, marketing analysis) research methods. The research results were processed using Microsoft Office Excel. The objects of the research were the regulatory and legal