

plant raw materials”, “Peculiarities of cultivation and harvesting of medicinal plants”. Classroom classes are designed for 72 hours (21 hours - lectures, 51 hours - practical classes) [2].

In accordance with modern requirements, students are given more time for independent work. This requires the development of appropriate didactic tools and the use of appropriate forms and methods of work, and control over the development of competencies. As such a didactic tool, we have developed a workbook for independent extracurricular and contact work of students. The workbook contains tasks for independent extracurricular work of students (IEWS) in the form of tables that reflect the basis of the practical lesson and templates for the design of independent contact work of students.

The tasks presented in the workbook contribute to a more effective mastering of theoretical material and instill the ability to obtain the necessary data with the help of reference literature and Internet resources. The advantages of using workbooks are the objectivity and time savings of teachers at the stage of monitoring the results of independent work of students. Filling out ready-made templates when processing the results of students' independent work saves students a lot of time, while simultaneously forming the skill of correctly filling out accounting documentation. To control the level of development of competencies in the study of the discipline "Fundamentals of medicinal plant growing", a fund of evaluation tools has been developed. Control is carried out in the form of an oral survey on questions for self-training, test tasks and situational tasks.

The process of teaching the discipline of the variable part "Fundamentals of medicinal plant growing" is aimed at developing students' understanding of the importance of the issues of rational use of medicinal flora and additional competencies to expand the scope of future professional activity.

Literature

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DISTANCE EDUCATION FOR RESIDENTS IN THE COVID-19 ERA

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Annotation. For two years, the COVID-19 pandemic has become one of the most difficult in terms of medical training for resident doctors. The new requirements of primary specialized accreditation make competency-based learning more important. The aim of the research was to study a mentor-based curriculum with on-the-job examinations in the final year of the residency programme. Resident doctors who had completed training on the modified curriculum on satisfaction and competence were interviewed.

Respondents found mentoring and feedback very positive in supporting their learning success. Most would like to have more structured feedback. Workplace evaluations were useful and meaningful. Resident doctors felt confident and prepared for initial specialized accreditation. There was also a high level of satisfaction and advice for resident physicians in the final year. Thus, the mentoring-based curriculum, with integrated assessments in the workplace, has led to high overall satisfaction and an effective improvement in the quality of training, and supports the communication and social skills of resident doctors.

Keywords: higher medical education, residency in anesthesiology and resuscitation, COVID-19, pandemic, development of educational programs

The last two years have become one of the least structured and standardized in medical education. Resident physicians have noted a lack of methodological guidance, mentoring and feedback, performing non-core tasks as interns in COVID-19 area hospitals. The introduction of rules of primary specialized accreditation makes medical education based on competence essential. During the pandemic, the Intensive care Department of the Teaching Hospital became the medical center that took care of the most severe patients with COVID-19. The hospital has received a large number of interns in anesthesiology and resuscitation, who are both certified anesthesiologists and doctors of other specialties. Our resident doctors have a unique opportunity to lay the necessary foundations for the educational base that will serve them in the future. Their skills are redistributed during a pandemic, but it is necessary to achieve their educational goals. The Residency Program aims at continuing education between clinical duties and teaching, especially in the distance-learning environment. Our resident physicians possess a unique set of skills suitable for rapid adaptation to the care of severely ill patients as advanced clinicians, including respiratory management, respiratory support, and analgesic, catheterization of arteries and central veins, monitoring devices, inter-hospital transfers of patients, electronic medical records and much more. But clinical training is one of the most important aspects of residency training, and anesthetic skills are more difficult to acquire when routine surgery is cancelled to improve the use of hospital resources and medical personnel. Some aspects of clinical knowledge such as regional anesthesia, single lung ventilation, open-heart surgery and neurosurgery, multimodal and low-flow anesthesia, require clinical use and have been adversely affected during limited scheduled surgery, which does not suffice the minimum number of accreditation activities required to complete the residency.

New resuscitation and intensive care environment required distance virtual training and a mentoring-based curriculum with on-the-job examinations. A key component of improving the skills of resident physicians during the pandemic was the development, implementation and implementation of a mentoring video curriculum through an educational forum using the Microsoft Teams platform. The online format allowed resident doctors to participate whenever they were on duty. Teachers regularly requested confirmation of online participation from resident doctors. While the virtual learning environment is no substitute for face-to-face learning, senior physicians have provided training in the form of clinical assessment and direct observation of the procedural skills of resident physicians who were less familiar with anesthesiology and helped to achieve 10 competencies, specific to the discipline, including proper putting on and removing of personal protective equipment and infectious control when treating patients with COVID-19. To ensure quality and some degree of standardization in the curriculum, resident physicians had a list of skills and competencies. Modelling has been instrumental in improving learning, strengthening critical thinking skills, and complementing clinical learning. On-the-job evaluation of these competencies and real-time feedback were provided in the form of weekly, one-on-one checks with residency professors.

By July 2021, 57 end-of-year graduates in total who had completed the revised curriculum had been interviewed about their satisfaction and competence. The questionnaire was modelled on the Kirkpatrick model, which evaluates the effectiveness of the curriculum at four levels - reaction, learning, behavior and results. The response rate was about 75%(per cent). The competency assessment provided focused, demand-driven and high-quality training for resident doctors. They found mentoring and feedback very positive in supporting their learning success (score 8 out of 10). Despite this feedback, the majority (85.9% per cent) wanted it to be more structured. Workplace evaluations were useful and meaningful (64.9% per cent). Resident doctors were trained for primary specialized accreditation (87.7% per cent). High levels of satisfaction (rating 9 out of 10) and high level of recommendations (94.7% per cent) were reported for the curriculum (Fig. 1).

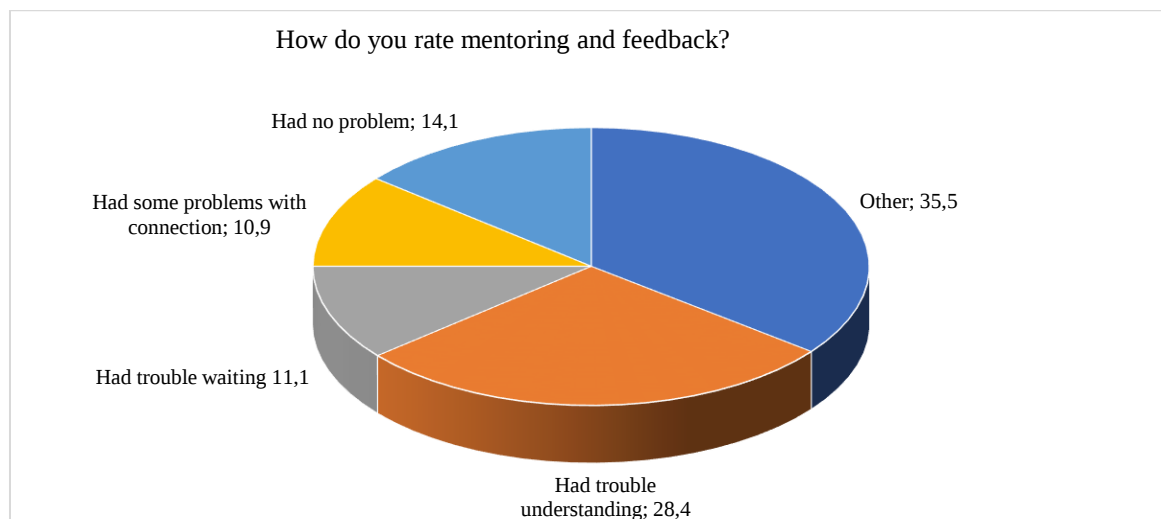
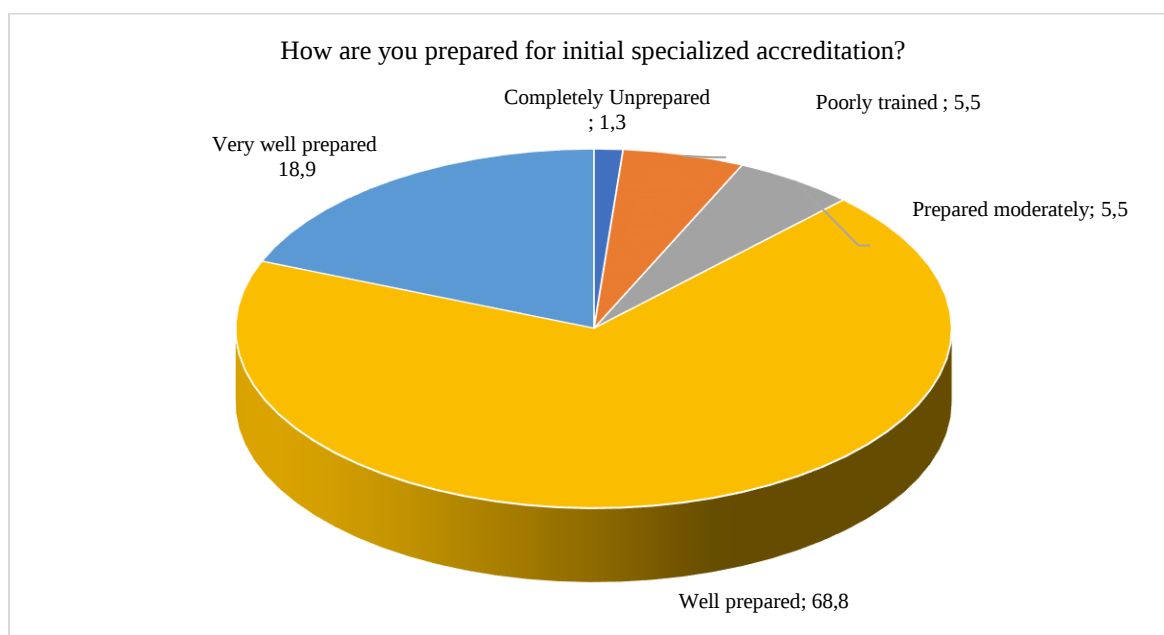
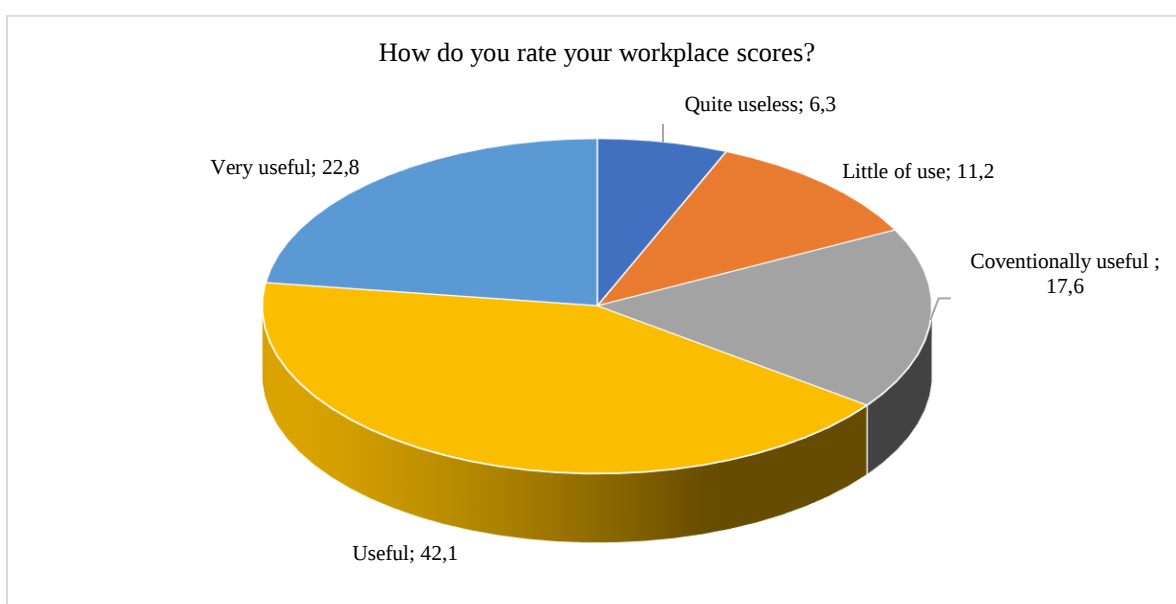
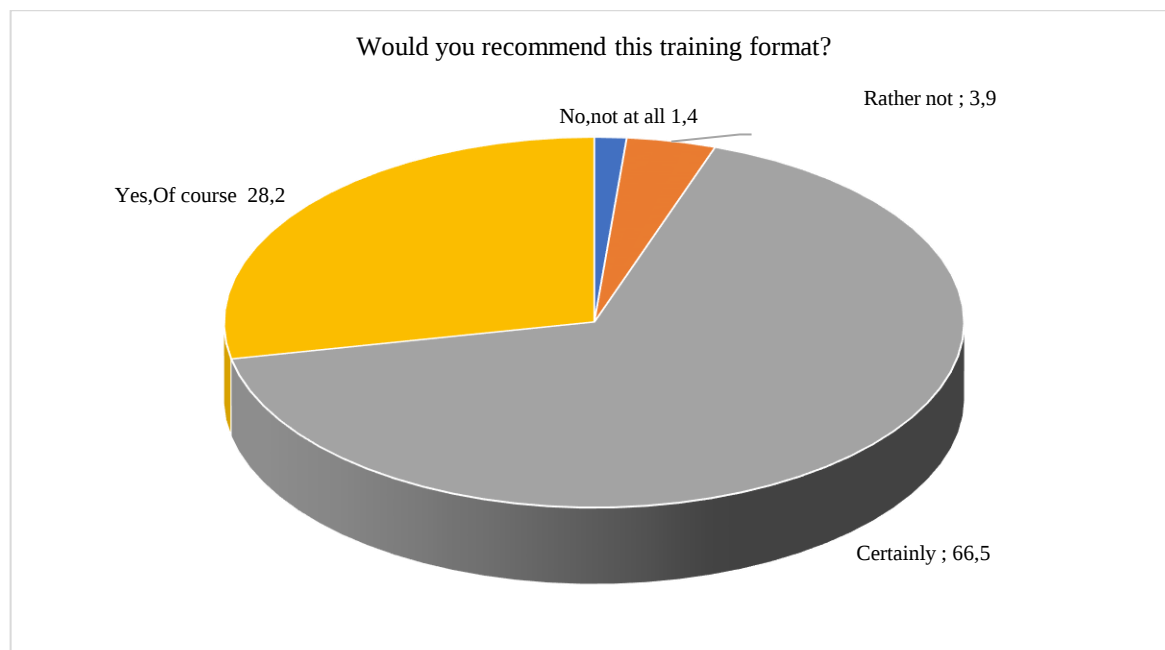


Fig. 1. Survey results of resident doctors





In conclusion, the COVID-19 era has allowed us to rethink the role and importance of resident doctors in the health system. The rapid transition to distance learning is evident in the retraining of resident doctors to acquire a range of skills. The mentoring-based curriculum, with integrated assessments in the workplace, resulted in high overall satisfaction and an effective improvement in the quality of training, and supported communication skills. Resident anesthesiologists have special skills that allow them to be key employees of treatment teams. For this reason, their further education is important. It is essential that the University have plans to train resident doctors in future health and community challenges.

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