

Abstract. This paper substantiates the potential of simulation-based training in developing the emotional and communicative resilience of medical college students. Based on the results of a survey of 77 students, difficulties with emotional regulation and a demand for practice-oriented training were identified. It is shown that simulation can be used not only to practice technical skills but also to model stressful communication situations.

Scientific specialty: 3.2.3. Public Health and Health Care Organization, Sociology, and History of Medicine.

Relevance

Simulation technologies are widely used in medical colleges; however, their use is most often limited to practicing technical skills. At the same time, in the real-world professional practice of nursing staff, the ability to maintain emotional stability and establish effective communication with patients and colleagues in stressful situations plays a crucial role. This highlights the need to explore the potential of simulation-based training for developing these qualities.

Objective

To substantiate, based on empirical data, the potential of simulation-based training in developing emotional and communicative resilience among medical college students.

Materials and Methods

A descriptive phase of the study was conducted with 77 students majoring in "Nursing" and "General Medicine." Three questionnaires were used to assess attitudes toward communication skills, emotional intelligence, and stress management strategies.

Results

1. A contradiction was identified between the high assessment of the importance of communication skills and the actual difficulties in applying them: students recognize the importance of communication but experience difficulties in managing their own emotions, controlling their expressions, and regulating the emotional state of their conversation partner.
2. A strong demand was identified for practice-oriented forms of instruction that closely resemble real clinical practice.
3. Despite a strong proactive attitude (responsibility, determination, planning), students' skills in verbalizing their feelings and seeking emotional support are underdeveloped, which may reduce their resilience in stressful situations.

Conclusions

The data obtained indicate that current simulation training, which focuses primarily on technical skills, does not fully meet the objectives of developing emotional and communicative resilience. At the same time, the simulation environment has significant potential for modeling emotionally stressful situations and practicing self-regulation and communication techniques in a safe setting. Based on the diagnostic findings, the following general areas for future simulation scenarios have been identified:

delivering unpleasant news to a patient, interacting with an aggressive patient or family member, speaking with a colleague after a mistake has been made, supporting an anxious patient, and communicating in an emergency situation.

The scenarios are currently in the design phase. Their development and testing will allow us to supplement existing simulation technologies with an emotional and communicative component and improve the quality of training for mid-level healthcare professionals.

We invite you to collaborate on the creation and pilot testing of these scenarios. We would be grateful to colleagues willing to join this effort.

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EXTENDED CARE DURING DELAYS IN MEDICAL EVACUATION: DEVELOPMENT AND TESTING OF A PRACTICAL COURSE WITH A FOUR-HOUR TEAM SIMULATION SCENARIO

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Abstract. This paper presents the experience of developing and testing a three-day practical course on extended care during delays in medical evacuation for students who have completed training in tactical medicine. The course includes two days of step-by-step practical training and a four-hour team simulation scenario. A preliminary pilot session ($n = 5$) and four three-day training cycles ($n = 28$) were conducted. The testing confirmed the feasibility of the format at the existing training facility and allowed for refining the scenario structure, the content of the tasks, and the direction of standardization for assessing learning outcomes.

Scientific specialty: 3.2.3. Public Health and Health Care Organization, Sociology, and History of Medicine.

Relevance

When medical evacuation is delayed, care shifts from initial measures to eliminate an immediate threat to life to the long-term management of the wounded under conditions of limited resources. This requires repeated assessment of the patient's condition, monitoring of its progression, review of previous interventions, care provision, documentation, medical triage, information sharing, and timely decision-making as the clinical situation changes. The duration of care places greater demands on continuity of care, team collaboration, the allocation of functional roles, and resource management. Developing these skills requires a dedicated practical training format that allows participants to simulate not only individual diagnostic and therapeutic procedures but also the sustained, team-based management of the injured patient in dynamically changing conditions.

Objective

To develop and test a three-day practical course on extended care during delays in medical evacuation, including

phased training and a four-hour team simulation scenario, and to assess the organizational and methodological feasibility of this format at the existing training facility.

Materials and Methods

This work was conducted as part of the development and testing phase of an educational program. The course is designed to last three training days. During the first two days, participants sequentially practice dynamic assessment, monitoring, infusion therapy, nursing care, documentation, medical triage, and preparing a request for remote consultation. The third day includes a four-hour team simulation scenario for six trainees featuring rotating functional roles, limited supplies, changes in the condition of simulated casualties, and the arrival of a second simulated casualty. A preliminary pilot session was held on November 1, 2025, lasting 8 hours and involving 5 cadets. In 2026, four three-day training cycles were conducted: March 6–8, March 13–15, April 10–12, and May 8–10; with 28 trainees participating. Trainees who had completed the additional professional program “Tactical Medicine Instructor” were eligible to participate in the training cycles. Assessment of mastery of the material included a quiz at the end of the second day of training and instructors’ observation of the trainees’ actions during a command scenario, followed by a debriefing.

Results

A preliminary pilot session and four subsequent training cycles were conducted in full at the existing training facility. The completion of four three-day cycles confirmed the organizational and methodological feasibility of the developed format. Based on the results of the successive cycles, the duration of individual stages and the content of the tasks were refined; sections on infusion support, patient care, wound care, documentation, inventory management, and information transfer during role changes were expanded. During the four-hour scenario, according to instructors’ observations, the demands on attention allocation, adherence to the sequence of actions, team communication, and resource management increased. The extended scenario allowed for the simulation not only of changes in the hypothetical patient’s clinical condition but also of the need for continuous care, the transfer of responsibility, and the maintenance of coordinated team actions.

Discussion

The pilot study demonstrated the feasibility of the course in its intended format and allowed for refining its content based on the results of successive training cycles. A distinctive feature of the program is the integration of clinical, organizational, and team-based tasks into a single extended scenario with dynamically changing conditions. The results obtained characterize the feasibility of the educational format and the direction of its further methodological development. The next step should be the development of standardized criteria for evaluating individual and team performance, followed by verification of their reproducibility.

Conclusions

The developed three-day practical course, featuring a four-hour team simulation scenario, is implemented at

the existing training facility and allows for the reproduction of key aspects of providing care when medical evacuation is delayed: prolonged dynamic monitoring of the casualty, shifting functional roles, the need to maintain continuity of care, documentation, and management of limited resources. Repeated testing cycles made it possible to refine the course structure and identify the main areas for subsequent evaluation: the quality of dynamic monitoring, team communication, the transfer of responsibility, documentation, and the rational use of resources. The results obtained lay the groundwork for further scaling up the program by increasing the number of trainees and expanding the practical application of the course while maintaining a unified methodological approach to its delivery. Further development of the course requires standardizing the criteria for evaluating individual and team actions and quantifying educational outcomes.

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COMMUNICATIVE CASE STUDIES IN ENGLISH CLASSES AS A TOOL FOR DEVELOPING PROFESSIONAL COMMUNICATION SKILLS AMONG MEDICAL COLLEGE STUDENTS

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Abstract. A model for integrating elements of professional communication into English language classes at institutions of secondary vocational medical education has been justified and developed based on the principles of the Calgary-Cambridge Model of Medical Communication and ESP methodology. Nine communicative case studies with role-playing exercises have been developed for the specialties of “General Medicine,” “Nursing,” “Midwifery,” and “Pharmacy,” covering typical situations of professional communication. The model does not require additional classroom hours and develops students’ linguistic, communicative, and transferable competencies.

Scientific specialty: 3.2.3. Public Health and Health Care Organization, Sociology, and History of Medicine.

Relevance

In the context of the globalization of healthcare, proficiency in professional communication in a foreign language is recognized as an integral component of medical education. In the system of higher medical education, a training model that incorporates communication skills has already been implemented, based on the Calgary-Cambridge Model of Medical Communication (CCMM) — an international standard for patient-centered communication; demonstration of this skill is part of the initial accreditation process for physicians and residents.

At the same time, there is currently no unified system for developing communication skills in secondary vocational education (SVE), even though the need for these skills among nurses, paramedics, and midwives is no less pronounced: they are the ones who spend the most time in contact with patients. This is enshrined in regulations: the new-generation Federal State Educational Standards for