

an emergency during the parenteral administration of a medication, the contents of an anti-shock first-aid kit, and the rules for performing basic cardiopulmonary resuscitation.

Based on the assessment of compression quality, the average score was 87.6%. The lowest score was 78%, and the highest was 99%.

For CPR performed by two rescuers, the average score was 82%. The lowest score was 73%, and the highest was 96%. This is due to the program's higher requirements for the quality of artificial ventilation.

During the emergency care session, according to a survey of cadets, the average arrival time of the on-call physician was approximately 5 minutes.

All cadets successfully completed the "Anaphylactic Shock" clinical case study using the ABCDE algorithm. The average score was 85%.

Upon completion of the course, all participants (100%) noted its practical significance and usefulness for their professional practice.

Conclusions

In our view, the use of a hybrid teaching method incorporating the "RUMEDIUS" virtual clinic, the "Apollo" robot simulator, and the Brayden simulator is the optimal way to master emergency care skills. It allows for maximizing the benefits of virtual learning, making effective use of the emergency care classroom (the "Apollo" robot simulator), and objectively assessing the development of individual educational and practical skills in providing emergency medical care.

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PATIENT-CENTERED CARE: RESULTS OF A PROJECT ON TEACHING COMMUNICATION SKILLS IN A MEDICAL SETTING

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Abstract. The updated "Patient Communication Skills" course at the "UMMC-Health" Multidisciplinary Medical Center combines in-depth in-person training with online learning for remote branches. Pilot programs confirmed an increase in physicians' communication competence, including when dealing with complex scenarios. The on-line format ensured geographic accessibility but revealed limitations — primarily a loss of nonverbal depth. It is proposed to institutionalize the established model of staff training. The project has been recognized as successful and recommended for replication.

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

Relevance

Medicine is both a science and an art, inextricably linked to the ability to communicate. Effective communication helps a doctor not only gather a medical history but also truly understand the patient: to identify their concerns,

relate them to the clinical picture, and thereby increase trust and satisfaction with treatment. Its foundation lies in open-ended questions, active listening, presenting information clearly, and checking for understanding. In practice, doctors often focus on medical parameters and overlook the patient's personal experience. Studies show that, on average, doctors interrupt the conversation after just 18 seconds — which can lead to the loss of important diagnostic details and trust. At the same time, doctors are more likely to rate their communication as effective, whereas patients often see the situation differently.

Objective

To modernize the "Patient Communication Skills" training course to implement the concept of patient-centered care at the "UMMC-Health" Multidisciplinary Medical Center, LLC.

Materials and Methods

A team of instructors from the "UMMC-Zdorovye" Multidisciplinary Medical Center modernized the "Patient Communication Skills" course. The work was carried out in two areas:

1. The "Effective Communication 2.0" educational module was developed and implemented for participants who had already completed basic training in patient communication skills.
2. An online training format was tested — it made it possible to include specialists from a remote branch (located a considerable distance from Yekaterinburg and the center's key departments).

Five instructors and 14 participants — doctors from various specialties — took part in the pilot projects.

Results

The basic course "Patient Communication Skills" has been offered at UMMC-Health LLC for two years and has demonstrated consistent demand and effectiveness. Between August 2024 and July 2026, 243 physicians completed the course. The participant breakdown is as follows: 87.7% of participants are women, 12.3% are men; 64.2% work in pediatric care, and 35.8% in adult care. Three-quarters of the participants enrolled in the training program on their own initiative, while the remaining 25% were referred by their supervisors. An evaluation conducted in August 2025 confirmed the program's effectiveness: participants demonstrated improved communication skills, and the stated course objectives were achieved.

Audio recording of communication techniques using a special badge serves as an objective tool for assessing progress. Program analysis of the recordings allows for tracking key metrics of communication technique application and generating detailed reports — this makes it possible to clearly assess changes in doctors' work before and after training. The insights gained from the audio recordings and participant feedback formed the basis for the "Effective Communication 2.0" module. The program consists of three sessions and focuses on reviewing the most challenging elements of the Calgary-Cambridge Guide, practicing responses to patient "resistance," and analyzing emotionally and energetically draining situations — the training scenarios are provided by the doctors

themselves. An online format has been developed for specialists at remote branches. It is offered in two versions: an express version consisting of three training sessions, or a standard program comprising five online sessions held once a week.

Discussion

Participants confidently mastered the protocols for handling high-stress situations, particularly when delivering bad news and interacting with emotionally unstable patients. According to the doctors' self-assessments (feedback forms), a key indicator was a reduction in stress levels when role-playing conflict scenarios. Small-group sessions (8 participants) facilitated a detailed analysis of each case. The one-week interval between training sessions allowed doctors to apply new techniques in real-world practice and return with specific questions, which significantly enhanced reflection. In addition, interdisciplinary collaboration influenced the program: during discussions, new practical case studies emerged, enriching the original plan. Thus, this training cycle demonstrated its effectiveness and significantly strengthened the participants' communication skills.

The online project confirmed that digital tools can significantly expand the reach of training, but it also revealed a number of fundamental nuances that must be taken into account to ensure the proper depth of "soft skills" mastery. On the positive side, three points stand out in particular.

1. A key organizational challenge — geographical accessibility — was resolved: specialists at the remote branch were able to complete the training without taking time off from work or traveling, which resulted in savings on transportation and accommodation costs for the participants.
2. In some cases, the digital environment reduced participants' anxiety levels: doctors who struggle with public simulations felt more confident behind a screen and were able to engage more quickly in practicing complex scenarios.
3. Digital tools (polls, chat reactions) gave instructors the ability to monitor the group's emotional state in real time and flexibly adjust the pace of the session.

However, practice quickly revealed the flip side of the coin. First and foremost, there was a loss of nonverbal depth: the limited field of view reduced the ability to read key signals, which inevitably affected the quality of supervision. Equally significant was the lack of spontaneous interaction: a virtual window provides structure but fails to convey the emotional resonance that arises in informal discussions and even in nonverbal support. Finally, the workload on instructors increased: preparing for an online session required more time due to the need to plan visual scenarios and simultaneously prepare materials for the chat.

Conclusions

The updated "Patient Communication Skills" course serves as a prime example of a systematic approach to developing "soft" skills in a medical setting. The project organically combines two vectors of development: a vertical one — by deepening the competencies of experienced

specialists — and a horizontal one — by providing access to training for employees at remote branches. It has been recognized as successful and is ready for replication.

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ASSIGNMENTS FOR PRACTICAL CLASSES IN THE COURSE "MEDICAL CARE AND PROCEDURAL TECHNIQUES" USING THE "WORLD CAFÉ" METHOD

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Abstract. This article presents examples of original assignments developed for conducting practical training sessions in the course "Medical Care and Procedural Techniques" for small-group work using the "World Café" method.

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

Relevance

For many years, education has been based on the principles of individualism and competition, centered on personal success and contrasted with the failures of others. In today's world, the ability to collaborate, solve problems together, and organize teamwork is becoming increasingly important. Working in small groups has become one of the most popular strategies, giving students the opportunity to actively participate in the work, practice collaboration and interpersonal communication skills, take on different roles, learn from one another, appreciate different points of view, and jointly complete the assigned task. At the same time, the task is structured in such a way that no one can complete it without the help of the other group members.

Developing assignments within the context of the subject being studied and the lesson topic requires deep reflection and is a crucial aspect of a teacher's scientific and methodological work.

Objective

To present my own experience and familiarize interested parties with original assignments for the course "Medical Care and Procedural Techniques" for second-year students majoring in "General Medicine," using the "World Café" method.

Materials and Methods

The assignments were developed on the topic "Medical Ethics and Deontology in the Practice of Nursing: The Responsibilities of Healthcare Professionals."

The session was conducted in 5 stages:

1. Dividing into groups and selecting a "group leader."
2. Groups reviewed the assignments and worked on finding solutions.
3. Groups rotated between tables. The "table leader" remained at their table and briefed the new group on the assignments.
4. Returning to their own tables, debriefing, formulating conclusions, and preparing for the conference.