

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.

5. Presentation of the groups' results by the "table host" of each table, discussion, and completion of evaluation forms.

Each participant is evaluated by assigning several scores: self-assessment, group assessment, and the instructor's score, followed by totaling the points and calculating the average.

Results

Based on the results of the training sessions, the most popular and interesting assignments, according to the students, were:

Task No. 1: Vova S.'s mother, a 6-month-old infant, came to see the FAP paramedic complaining of the child's restlessness and a skin rash. The family had come to visit the grandmother for the summer. The child was from the mother's first pregnancy, following a normal delivery; he was born weighing 3,600 g and measuring 52 cm in length. He is developing normally. He has been bottle-fed since 1.5 months of age. In the village, for financial reasons, the mother switched the child to cow's milk. She also introduced egg yolk, buckwheat porridge, and juices into his diet. A conversation with the mother revealed that after switching the child to formula, redness appeared in the inguinal and axillary folds, which did not disappear despite thorough care. The cheeks periodically became red and dry.

Physical examination: The child was fussy during the examination. The skin on the face was edematous, hyperemic, and covered with weeping crusts; there was marked hyperemia in the inguinal folds. The skin on the trunk showed rashes and excoriations. No abnormalities were found in the internal organs. Physiological functions were normal.

The nurse practitioner suspected a diagnosis of atopic dermatitis and referred the child to a pediatrician for consultation. At the same time, she sharply criticized the mother's feeding and care practices. The mother was upset and did not attend the consultation within two days. The pediatrician, having been notified by the paramedic that such a child had been seen in the district, proactively visited the family. She discussed proper feeding and care, explained the need to change the child's diet, prescribed treatment, and scheduled a follow-up appointment for two days later. She promised to discuss the situation with the paramedic and point out the mistakes.

Analyze the ethical aspects of "paramedic-patient" and "physician-paramedic" communication and propose an optimal strategy.

Assignment No. 2: Patient V., age 3, is being treated in the hospital's pulmonology ward with his mother; diagnosis: right-sided pneumonia. His current condition is satisfactory. He is bothered by an occasional paroxysmal cough. Sputum is being coughed up easily. In the evenings, he has a low-grade fever of 37.4°C. Respiratory rate and heart rate are within normal limits. The child underwent the following tests: complete blood count, chest X-ray, and ECG. The patient's mother asked the attending physician about the test results. The attending physician explained that the chest X-ray revealed "opacity" in one lobe of the right lung. The blood test revealed a white blood cell count twice the normal level. Regarding the ECG, the doctor stated that sinus arrhythmia had been detected. This response greatly

alarmed the patient's mother. She was aware of the inflammation, but she interpreted the abnormalities in the blood test and ECG as signs of blood and heart diseases. The next day, the patient's mother approached the department head with a request to conduct additional tests to clarify the diagnosis and determine a course of treatment. The department head summoned the attending physician and, in his presence, explained that these changes merely indicated the presence of inflammation, not a disease of the blood or the cardiovascular system.

Analyze the ethical aspects of the "doctor-patient" and "doctor-department head" communications and propose an optimal strategy.

Discussion

Conducting classes using the "World Café" method — which is based on focused, informal discussion and multi-lateral evaluation — allowed participants to come together in a short period of time to solve a specific task, avoid potential misunderstandings, and overcome reluctance to work collaboratively.

An interesting observation concerned self-assessment: when grading themselves, students gave themselves lower scores than those they received from the group or the instructor, which indicates the development of critical reflection on their own activities, their results, and their contribution to overall progress.

Conclusions

The use of the "World Café" method encourages instructors to select learning tasks and structure content with invariance in mind, while motivating students to achieve the necessary progressive outcomes and engage in effective communication, thereby ensuring better retention and recall of the topic.

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MODERN APPROACHES TO PRACTICAL TRAINING FOR STUDENTS AT ST. PETERSBURG STATE BUDGETARY PROFESSIONAL EDUCATIONAL INSTITUTION "MIDWIFERY COLLEGE": COLLABORATION WITH MEDICAL ORGANIZATIONS AND THE USE OF SIMULATION EQUIPMENT TO DEVELOP PROFESSIONAL SKILLS

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Abstract. This article examines modern approaches to the practical training of medical college students based on collaboration with medical organizations and the use of simulation equipment. It demonstrates that combining clinical practice with simulation-based training contributes to the development of professional skills, clinical reasoning, and teamwork. The effectiveness of safely practicing clinical skills without risk to patients is substantiated.

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

Relevance

The modern Russian healthcare system is facing rapid changes in technologies and treatment methods, which