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## ACQUISITION OF DEONTOLOGICAL PRINCIPLES THROUGH GAME TECHNOLOGIES

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The actual task of professional education of students is the development of independent evaluation and selection of information received. In pedagogical practice, active and interactive teaching methods are used. The influence of the role play on the formation and assimilation of deontological principles among the students of a medical college was studied. The initial level of knowledge on the principles of deontology revealed 48% of correct answers. After the role play and discussion of the basic deontological principles of the relationship between the doctor - patient, the doctor - the nurse, the degree of mastering the material was estimated at 79% of the correct answers. It is established that the use of role games consolidates professional skills, reveals the creative abilities of students and the ability to find solutions in various clinical situations. Mastering students with deontological principles of behavior makes it possible to avoid conflict situations in further independent work. The results of the conducted research showed high efficiency of the use of gaming technologies in the educational process.

**Keywords:** deontology, role-playing game, education in a medical higher school, students.

## ОВЛАДЕНИЕ ПРИНЦИПАМИ ДЕОНТОЛОГИИ ЧЕРЕЗ ИГРОВЫЕ ТЕХНОЛОГИИ

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Актуальной задачей профессионального обучения студентов является развитие самостоятельной оценки и отбора получаемой информации. В педагогической практике используются активные и интерактивные методы обучения. Изучено влияние ролевой игры на формирование и усвоение деонтологических принципов среди студентов медицинского вуза. Исходный уровень знаний по принципам деонтологии выявил 48% правильных ответов. После ролевой игры и обсуждения основных деонтологических принципов взаимоотношения врач - пациент, врач - медицинская сестра, степень усвоения материала оценивалась в 79% правильных ответов. Установлено, что применение ролевых игр закрепляет профессиональные навыки, раскрывает творческие способности студентов и умение находить решения в различных клинических ситуациях. Овладение студентами деонтологическими принципами поведения позволяет не допускать конфликтных ситуаций в дальнейшей самостоятельной работе. Результаты проведенного исследования показали высокую эффективность использования игровых технологий в учебном процессе.

**Ключевые слова:** деонтология, ролевая игра, обучение в медицинском вузе, студенты.

Professional thinking of the physicians of any specialty including dentists incorporates an extremely important notion of duty (duteous), and the basic principle of deontology is the conscious subordination of private interests to the interests of society. The object of medical ethics is medical morality, which is a system of norms and rules of behavior of the doctor, his rational and high-human behavior in achieving the most effective results in preventing diseases, in healing and recovery of the patient.

The essence of medical morality is determined not only by the personal individual qualities of the doctor, the level of his professionalism, responsibility to the case, but also by the totality of social conditions, status, position in society, the conditions of his work, the development of science. Internal rules include the relationship of health workers to work, based on mutual respect, discipline, subordination, friendliness, a sense of collegiality, clear performance of their professional duties. Most physicians are guided in their daily activities by delivering disinterested medical assistance to the people who need it. However, some medical professionals see the patient as a direct or indirect source of their earnings; in this case some non-standard moral and ethical relationships based on the so-called human factor may arise between a doctor and a patient in the dental office.

Currently, the effective development of dentistry is possible only if the experts adhere to ethical and deontological principles and rules. The basic ethical principles of professional activity of a dentist are fixed in the ethical code, developed by the Stomatological Association of Russia. They reflect the specifics of the interaction of the dentist and patient, as well as the society as a whole, regulate the relations between colleagues, maintain the professional level of interpersonal interaction, which undoubtedly contributes to the strengthening of trust in therapeutic and preventive measures.

For the physicians of all specialties including dentists it is general medical training, modern methods of prevention, diagnosis, treatment, knowledge of deontological principles that are directly related to the fulfilment of their professional duty. The nature of the physician-patient relationship that is established during their first contacts is extremely important for the treatment outcome which involves taking into account the patient's personality characteristics. A physician should analyze all his actions and conduct, be self-critical, bear responsibility

for his actions, and have professional medical observation. The physician when in contact with a patient must pay attention to his appearance, facial expression, notice and detect changes in his condition. To make an accurate diagnosis a doctor should use all the achievements of medical science and technology assessing their effectiveness but treating them as addition to and not instead of direct communication with a patient [1, p. 16-18].

The physician-patient relationship is now becoming increasingly important. However, the introduction of bioethics principles into practical dentistry is difficult. The emerging competition among dentists as well as patient's increasing role in the treatment process show the need for the dentists' professional growth not only as highly skilled specialists. An ever greater number of patients want to participate in the decision making process concerning their health, in choosing a treatment method. This involves the physicians' increased competence in the tactics of building a dialogue with a patient. Most often, the physician-patient relationship is built on the basis of the doctor's personal qualities. Scientific approach is now being developed to build a dialogue between a physician, a patient and his relatives. The most acceptable model of physician-patient communication is based on the equality of all parties. The patient can synthesize information and identify priorities for himself and the physician should help him in that. This model of relationships is being further developed in the patient's informed consent for the diagnostic procedures and therapeutic manipulations to be carried out.

What are the reasons for the modern doctors' low competence in establishing a proper physician-patient dialogue? Among them, one can note the detachment from the practice of medical ethics and deontology.

A physician should know the deontological principles of his behavior, be able to resolve and prevent conflict situations. However, the physicians' knowledge in this area is superficial; therefore there is a need for the medical students' education to include extended courses of medical psychology and bioethics which are necessary in conditions of fee-for-service medical care. The most important condition for a physician to enter professional activities is to train him as a harmonious, comprehensively developed personality [2, c. 161].

The urgent task of students' professional education is the development of independent evaluation and selection of information received. Active and interactive teaching methods in the form of role-playing games are used in the educational process. The application of active teaching methods is one of the important means of training a competitive person. The purpose of role-playing games is to develop skills and capacities to play diverse formal and informal social roles in real life by modeling the real conditions of professional activities [3, p. 200]. When playing the game, the basic principles should be the compliance with ethics and deontology, the doctor's and patient's legal provisions. All educational games fall into three categories: direct didactic impact when the teacher himself is in the game; mediated didactic impact when the teacher acts as an observer; mixed didactic impact when the teacher acts as a facilitator, expert or consultant. Regardless of the type, all role-playing games have common rules: developing a game goal, game rules, defining a subject material, method guidelines, preparing a game plan and roles distribution [2, p. 23-24].

**The purpose of the research:** to study the impact of a role-playing game on the development and assimilation of deontological principles.

**Materials and methods:** To accomplish this goal, a study was conducted which involved the students from the dentistry department of Volgograd State Medical University who studied the discipline of Therapeutic Dentistry. Before the start of role-playing games to assimilate the principles of bioethics and deontology, the test was conducted to identify the knowledge baseline in this area. After the game, the teacher determined the level of the material learned and professional skills acquired on this subject, and a control test was also conducted.

#### **Research results and their discussion:**

During a role-playing game the students show their knowledge in the discipline of Therapeutic Dentistry. Particular attention is paid to the students' ability to conduct a dialogue with a patient, to draw a diagnostic hypothesis through information search, the students' capacity for teamwork. Incoming testing revealed the knowledge baseline on deontological principles (correct responses - 48%). After the role-playing game and discussion of the basic deontological principles of physician-patient and physician-nurse relationships, the level of knowledge was much higher. The degree of the

material mastered was estimated at 79% of correct responses. If one pays attention to the bioethical education of students during classes the process of student-patient relationship changes at the end of the cycle. The students conduct a dialogue with a patient, pay due attention to the medical history, explain the need for specific procedures and manipulations, discuss the financial issue of providing fee-based services, explain what services can be provided in the framework of Compulsory Health Insurance. The factors that affect the quality of patient treatment were specified in the course of a role-playing game. This was necessary in order to have a clearer vision of a dentist-patient relationship in outpatient settings.

#### **Conclusion:**

During a role-playing game, the students' knowledge of specific problems is exhibited, professional skills are consolidated, their creative abilities and capacities are revealed to find solutions in various situations. The research results showed the effectiveness of the use of gaming technology in the teaching process.

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## ABOUT THE IMPORTANCE OF MONITORING NON-MEDICAL EXPECTATIONS OF SURGICAL PATIENTS

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The article presents the results of a questionnaire survey of 197 patients who received inpatient treatment at the Vladikavkaz Junction Station Hospital of Russian Railways JSC. The questionnaire included 26 questions structured according to the levels of work and reflecting the parameters of non-medical expectations of patients. 85 patients of the surgical profile were included in the group I, and 112 patients of the therapeutic profile were included in the group II.

The result: the group I demonstrated significantly lower rates of patient satisfaction with the level of social and living conditions when receiving medical care and regarding the compliance with the patients' rights. The average satisfaction rates of patients in the groups were  $0.92 \pm 0.02$  and  $0.98 \pm 0.02$ , which generally characterizes the level of social efficiency of the hospital as high.

The measures of an educational, economic, disciplinary and scientific-public nature were introduced at the hospital to improve the level of responsiveness of the health system. A structured approach to the organization of population studies among individual groups of patients allows identifying hidden defects in the system of ensuring non-medical expectations of the population and organizing their targeted elimination.

**Keywords:** healthcare, social effectiveness, questionnaire survey, satisfaction rate.

## О ЗНАЧЕНИИ МОНИТОРИНГА НЕМЕДИЦИНСКИХ ОЖИДАНИЙ ХИРУРГИЧЕСКИХ ПАЦИЕНТОВ

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В статье представлены результаты анкетирования 197 пациентов, получивших стационарное лечение в "Узловой больнице на станции Владикавказ ОАО "РЖД". В анкету вошли 26 вопросов, структурированных по уровням работы и отражающих параметры немедицинских ожиданий пациентов. В I группу были включены 85 пациентов хирургического профиля, а во II группу – 112 терапевтических пациентов.

В результате: в I группе были получены достоверно худшие показатели удовлетворенности пациентов уровнем социально-бытовых условий при получении медицинской помощи и соблюдением их прав. Средние коэффициенты удовлетворенности пациентов в группах составили  $0,92 \pm 0,02$  и  $0,98 \pm 0,02$ , что в целом характеризует уровень социальной эффективности больницы, как высокий.

Для повышения уровня отзывчивости системы здравоохранения в больнице были внедрены меры образовательного, экономического, дисциплинарного и научно-публицистического характера. Структурированный подход к организации популяционных исследований среди отдельных групп пациентов, позволяет выявить скрытые дефекты в системе обеспечения немедицинских ожиданий населения и организовать их целевое устранение.

**Ключевые слова:** здравоохранение, социальная эффективность, анкетирование, коэффициент удовлетворенности.

The health system (HS), as defined by the World Health Organization (WHO), refers to the totality of different organizations, institutions and resources intended for action in the interests of public health [1]. The WHO proposed four main areas for evaluating any health system and model: the development of the resource base necessary for the functioning of the system, the distribution of finance, ensuring the rational use of resources and the implementation of expectations of the patients and the preservation of their trust in the system [3].

In modern conditions, it should be recognized that it is impossible to ensure the consistency of the quality of surgical care with an ever-increasing level of expectations of the population without improving the material and technical base, the introduction of modern surgical treatment technologies, the development of the principles of biomedical ethics, and also without the introduction of a scientific and methodical approach to monitoring non-medical needs of patients and the introduction of innovative forms of professional development of young surgeons [2, 5-7, 11, 12].

It is gratifying to note that the national medical community has actively joined the development and implementation of the concept of health system responsiveness (HSR), which is an important non-clinical indicator of the effectiveness of its functioning, reflecting