

**MODERN ASPECTS OF PROPHYLAXIS UNINFECTIOUS DISEASES****A.S. Biduchak***Department of Social Medicine and the Organization of Public Health**Higher State Educational Establishment of Ukraine**«Bukovina State Medical University», Chernivtsi*

Work of medical worker with family as integral task force is especially important, as under act of domestic microclimate bases of healthy way of life are formed. To support providing of family of aspiration and strengthen a health, warn his violation, promotes efficiency and effectiveness of prophylactic interferences, is instrumental in the awareness, by both every individual and all family of value of health.

A prophylaxis disease is very difficult business, both from the labour intensiveness and through imperceptibility of the desired result. To that end we offer the stages of work of medical worker on the prophylaxis of chronic uninfected diseases:

- on the first stage a medical worker estimates the individual risk and presence of behavioral risk factors (smoking, abuse by swizzles, surplus mass of body, low physical activity) by questioning and inspection with determination of risk group;

- the second stage includes application of technologies of informing of patient (conversation, advice, lecture, distribution of informatively-health materials), which include measures on the change of conduct of patient toward the decline of behavioral factors ;

- the third stage foresees application of technologies of teaching of patient to skills of prophylaxis of behavioral risk factors, including the detailed recommendations on the change of conduct with development of the individual program of making healthy with subsequent estimation of results (change of conduct, waiver of harmful habits).

Reforms of the systems of health protection must foresee an adequate answer for the growing fardel of chronic diseases, that will allow to form single ideology of long-term prophylactic interference taking into account the personal interest, both medical workers and patients, to create partnership is «doctor and patient together against illness».

**CREATING CLINICAL THINKING AS AN IMPORTANT PART OF PRE- AND POSTGRADUATE TRAINING IN GENERAL PRACTICE AND FAMILY MEDICINE****L.P. Sydoruk, O.A. Petrynych, R.I. Sydoruk, T.V. Kazanceva,****A.A. Sokolenko, Yu.M. Yarynych, O.Y. Khomko***Family Medicine Department, General Surgery Department,**Patients' Care and Higher Nursing Department,**Higher State Educational Establishment of Ukraine**«Bukovinian State Medical University»*

Being a physician allures with the opportunities. However, it puts multiple demands of mental, physical and various others aspects. Among most difficult to develop whilst very significant for physician are clinical thinking and clinical

consciousness. It is mandatory to be ready for vast volumes of information, its analysis and synthesis of appropriate decisions. Peculiar feature for medicine that distinguish it from other fields of human activity is unpredictability of situations its individualization and individuality. Moreover, the flow of data changes due to medical treatment, surgical interventions and multiple other factors difficult or even impossible to control or take into account. Furthermore, the workload is aggravated by the demand for decisions to be produced in a real-time setting.

Formation of clinical skills and clinical thinking is an important part of medical education. Several approaches and maneuvers are employed at the Department of Family Medicine towards formation of clinical thinking in pre- and postgraduate students.

First of all, much attention is paid to formation of clinical thinking at the classes. Wide use of clinical tasks, analytical tests and clinical examples / situations is the first step. Students are consulted to organize their schedules, accumulate data, search it and select the most informative data set for each particular clinical situation. Next step includes data analysis aimed on both production of conclusions and repeated data collection. As all students have different previous educational history, different intellectual basis it is usual to repeat similar tasks several times in every group.

Next step of developing clinical thinking includes independent personal work. At this stage Department provides extensive dataset for learning including e-booklets and other resources. Results of independent activities performed at the out-of-the- class settings are then discussed during the classes. Tutor make corrections and necessary feedback, summarizing all cons and pros for this part of decision making process.

As for undergraduate students last stage of clinical thinking formation currently includes real life clinical situations under tutors guidance and supervision. Department of Family Medicine widely uses cooperative Centers for Primary Medical located in Chernivtsi as well as Centers at the outskirts of the city. This methodology is the most applicable for postgraduate students.

Creating clinical thinking in medical students is almost the most difficult challenge for both the tutor and tutee. Family Medicine Department creates multiple conditions for coping with current challenges including cooperation with practical clinical establishments.

## **MENTORING, NOT TEACHING BECOMES A MODERN TREND IN POSTGRADUATE EDUCATION**

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Traditionally, relationship between the tutor and student was built as a set of characteristics involving production of knowledge and its acceptance. Tutor