

FORMATION OF PREVENTIVE KNOWLEDGE IN MEDICAL STUDENTS THROUGH CREATIVE EDUCATIONAL TECHNOLOGIES

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Abstract: This paper considers the problem of improving the quality of training future doctors in the field of preventive medicine. The use of creative educational technologies as an effective tool for forming deep and stable knowledge and practical skills in the field of disease prevention in medical students is proposed and substantiated.

Relevance: The modern healthcare system shifts the emphasis from the treatment of diseases to their prevention. In these conditions, the role of a general practitioner and a specialist as a consultant on a healthy lifestyle and prevention increases many times over. However, traditional teaching methods in medical universities (lectures, seminars) do not always contribute to the formation of an active "preventive" position in students and the development of clinical thinking in this area. Passive assimilation of information does not guarantee its successful application in real clinical practice. The introduction of creative, interactive teaching methods is an urgent task aimed at increasing the motivation of students, developing their communication skills and the ability to solve non-standard preventive problems. Objective of the study: To evaluate the effectiveness of using a set of creative educational technologies in the process of developing a system of preventive knowledge and practical skills in senior medical university students.

Materials and methods: The study was conducted at a medical university with the participation of 120 4th-5th year students. Two groups were formed: the main (n=60) and the control (n=60).

Control group: The training was conducted using the traditional methodology, including lectures and practical seminar-type classes.

Main group: Creative educational technologies were integrated into the educational process: Case study method: Analysis of real clinical situations with an emphasis on identifying risk factors and developing a primary and secondary prevention plan. Team-Based Learning (TBL): Solving preventive problems in small groups, followed by discussion and defense of your strategy. Simulation and role-playing games: Practicing the skills of consulting "patients" (whose role was played by other students) on vaccination, screening, and lifestyle modification. Project activities: Students create their own projects on health education for various groups of the population (e.g. videos, infographics, booklets).

Knowledge level was assessed by entrance and final testing. Practical skills were assessed during a simulated patient visit. Student engagement and satisfaction were measured by questionnaires.

Results: According to the results of the final control, students in the main group showed significantly higher results compared to the control group. The average score on the final testing in the main group was 28% higher than in the control group. When solving situational problems, students in the main group demonstrated a deeper understanding of the principles of prevention, the ability to conduct

complex analysis, and better communication skills (92% successfully completed the consulting task versus 65% in the control group). The questionnaire showed a high level of motivation and satisfaction with the learning process in the main group.

Conclusions: The targeted implementation of creative educational technologies (case studies, TBL, simulations) in the educational process is an effective means of developing sustainable preventive knowledge and competencies in future doctors. This approach not only improves the assimilation of theoretical material, but also develops clinical thinking, communication skills and prepares students for real practical activities in the field of public health promotion. Wider use of these methods in medical personnel training programs is recommended.

References

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