



Матеріали

науково-практичної конференції
з міжнародною участю

“Симуляційна медицина погляд в майбутнє”

(впровадження інноваційних технологій
у вищу медичну освіту України)

м. Чернівці
19 лютого 2021



МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

МАТЕРІАЛИ

НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ

З МІЖНАРОДНОЮ УЧАСТЮ,

“МЕДИЧНА СИМУЛЯЦІЯ - ПОГЛЯД В МАЙБУТНЄ”

*(впровадження інноваційних технологій
у вищу медичну освіту України)*

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У тезах доповідей науково-практичної конференції з міжнародною участю лікарів, науковців та молодих вчених, подаються стислі відомості щодо результатів наукової роботи, виконаної учасниками конференції.

С 37 **Медична симуляція – погляд у майбутнє (впровадження інноваційних технологій у вищу медичну освіту України)** (для лікарів, науковців та молодих вчених) : наук.-практ. конф. з міжнар. участю. Чернівці, 19.02.2021 року: тези доп. / Чернівці: БДМУ. – 267 с.

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PSYCHOLOGICAL ASPECTS OF SIMULATION IN BREAST GLAND CANCER

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Breast cancer is the most common tumor that occur women around the world, with a growing frequency. The correct treatment is multidisciplinary, the sequentiality of therapeutic methods and their aggression being conditioned by the histopathological type, tumor size, the presence of lymphadenopathy, the patient's age, the presence of hormone receptors, HER2 and menopausal status. The negative psychological impact of cancer on the public consciousness is due to the nature of the incurable disease, which continues to be one of the major causes of death worldwide. More than 47% of cancer patients develop psychiatric disorders, about 90% of which are reactions to the diagnosis and treatment of the disease.

Materials and methods: Theoretical analysis of some psychological aspects of simulation in the process of diagnosis and treatment of mammary gland cancer.

The goal: Research into some psychological features of the simulation in cancer of the mammary gland and the possibility of preventing or reducing it's occurrence.

Results: Simulation of surgical treatment methods in mammary gland cancer requires an individual approach, as it often causes emotions of anxiety, fear, compassion and insecurity. Similarly for patients diagnosed with cancer, it most often presents a series of adaptive responses, such as: shock / distrust, immediate and partial denial, anger, revolt, anxiety, depression, etc. In parallel with these emotional reactions that the patient experiences, changes in the person's value sphere also occur. Feelings of worthlessness or guilt may include negative judgments about one's own worth, which do not correspond to reality, or an exaggeration in self-attribution of guilt for minor past failures. Some people almost completely lose interest in activities that they once considered enjoyable, also the availability for professional activities, leading to retirement from social and professional life.

The treatment in mammary gland cancer is very mutilating and lasting, and the lack of explanations, which are absolutely necessary, on medical techniques may cause to student fear and worries. The person's attitude towards this disease (what does she/he think about it), towards the simulation techniques that are needed to be performed, the support of the medical team, attitudes such as optimism, courage, hope, faith, active involvement can work great in what

concerns the memory and quality of diagnostic techniques, treatment in the form of mastectomy or immediate and late breast reconstruction. And when the simulation results are not as expected, the student can often feel hopeless. The person's ability to deal with these fears depends on the medical team, psychological (emotional) help and social aspect. That is why it is necessary to have emotionally supportive people in order to appreciate how he copes with difficult situations, as well as to obtain self-confidence without information.

Breast reconstruction should also be mentioned as a mastectomy option. It can be considered in all cases of modified radical mastectomy or simple mastectomy. Breast reconstruction can be immediate (in the same operative session with the mastectomy) or late (longer after the end of the oncological treatment). For patients that are looking for immediate breast reconstruction, the technical options are skin-sparing mastectomy or nipple-sparing mastectomy, techniques that allow the best cosmetic results without influencing local recurrence rates.

There are studies that show that reconstruction done at the same time as the initial operation helps to alleviate the stress associated with the disease and physical mutilation by losing a breast, the possibility of faster psycho-social reintegration.

There are four main types of breast reconstruction:

1. Reconstruction with a fragment of pediculated tissue (flap), through which the skin, muscle or fat on the back or abdomen is tunneled to the chest to rebuild the lost breast. The skin, muscle and fat remain connected in terms of vascularity with the donor area.
2. Reconstruction with a freely transferred microsurgical fragment (flap), through which the skin, fat and / or muscle on the lower abdomen, buttocks, flanks, inner thighs or other areas (called donor areas) is grafted into the breast area by microsurgical connection to the internal armpit or breast vessels.
3. Reconstruction using a silicone implant
4. Complex reconstruction, which uses both breast implants and flaps

Reconstruction benefits:

- Psycho-emotional stability similar to that before surgery
- You will not have to wear an external artificial breast (external prosthesis)
- It can help you regain confidence and a sense of femininity, attractiveness and sexuality.
- It does not restrict any further treatment that may be necessary. It does not interfere with chemotherapy or hormone therapy. Scans and X-rays of the breast area are possible, and the occurrence of a possible recurrence can usually be detected.

Conclusion: Studies on simulation in the pathology of the mammary gland cause short-term personal psychological changes. The balanced atmosphere with the medical team, the individual access to each person helps to quickly overcome the feeling of fear and insecurity in their own actions.

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SIMULATION PEDIATRIC RESPIRATORY SCENARIOS TRAINING FOR POSTGRADUATE CONTINUING MEDICAL EDUCATION

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Respiratory diseases, which are the most prevalent in children, are not only common, but also are the significant causes of the mortality. In Pediatrics the indications for resuscitation are mostly caused by decompensation of respiratory diseases. In particular, pneumonia is the leading cause of mortality in children under the age of five years old (20% of all cases), killing more than 4,000 children each day worldwide, approximately 1.8 million children each year - more than AIDS, malaria and measles taken together. In addition, bronchiolitis, stenotic laryngotracheitis, bacterial endobronchitis, epiglottitis, pharyngeal abscess, severe pneumothorax, asthmatic status, airway foreign body can be potentially life-threatening in childhood. In addition, onset of the chronic respiratory diseases in children is accompanied by persistent cough, shortness of breath, cyanosis or other respiratory manifestations, for which there are special algorithms for diagnosis, differential diagnosis and subsequent management. The possibilities of primary prevention of infectious diseases of the respiratory system and prevention of exacerbations of chronic pathology are available and wide due to vaccination. Thus, respiratory infectious and non-infectious episodes are frequent in pediatric centers and can lead to significant mortality, as well as they are the most prevalent causes of hospital admissions, which can deteriorate quickly, that's why it is essential for doctors to be competent at managing pediatric respiratory distress and/or failure [4].

Recent literature demonstrates increased retention of knowledge and skills after simulation-based training, therefore simulation might be an effective training tool for pediatric care providers. Simulation training can improve not only medical knowledge and practical skills but also team cooperation. Numerous modules on respiratory pediatric scenarios for teaching various clinical skills like communication, physical examination, and clinical reasoning have been previously published and are available in *MedEdPORTAL* [1,2,7], which was for us a valuable useful resource for creating our own workshop. Objective was to design and implement a pediatric respiratory course through simulation-based team training, to emphasize communication and cooperation across subspecialties and to provide a common skill set and knowledge base despite differences in experience. Small groups were multidisciplinary to promote teamwork [6]. Participants completed pre- and postworkshop questionnaires and answered tests. We have organized this respiratory workshop to assess ways how to achieve acquiring of the competencies in pediatric respiratory medicine by the doctors of the different specialties and how to attract and properly train them in the best way in the field of pediatric respiratory diseases using the advantages of simulation training for adults education [9]. The workshop on simulation of respiratory infectious diseases is an opportunity for doctors to manage the most prevalent common and potentially life-threatening respiratory conditions in a realistic and safe environment of simulation centre using medical high-fidelity mannequins of different age groups [3].