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СИНДРОМ ЭМОЦИОНАЛЬНОГО ВЫГОРАНИЯ СТУДЕНТОВ-МЕДИКОВ И МЕТОДЫ ЕГО ПРОФИЛАКТИКИ

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Ключевые слова: синдром эмоционального выгорания, студенты, стресс, симптомы, стиль педагогического общения.

Резюме. В статье проведен анализ обзора литературы, посвященный вопросам эмоционального выгорания студентов медицинских ВУЗов. Выявлена взаимосвязь между показателями успеваемости и формированием синдрома эмоционального выгорания студентов. Для оптимизации процесса обучения студентов и профилактики эмоционального выгорания преподавателям необходимо учитывать принадлежность студентов к разным типам и использовать в процессе преподавания наиболее подходящий стиль педагогического общения.

SYNDROME OF BURNOUT OF MEDICAL STUDENTS AND METHODS OF ITS PREVENTION

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Key words: burnout syndrome, students, stress, symptoms, style of pedagogical communication.

Abstract: The article analyzes the literature review on the issues of emotional burnout of students of medical universities. Revealed the relationship between performance indicators and the formation of burnout syndrome students. To optimize the process of teaching students and preventing emotional burnout, teachers need to take into account the belonging of students to different types and use the most appropriate style of pedagogical communication in the teaching process.

DIAGNOSTICS OF SENSIBILIZATION TO AMOXICILLIN AND CEFTRIAXONE BY DETERMINING OF SPECIFIC IgE IN BLOOD PLASMA AND INDIRECT BASOPHIL'S DEGRANULATION TEST IN PATIENTS WITH MEDICAMENTOSE ALERGY.

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The advantages of laboratory diagnostic methods used in allergology are: patient safety; conducting research is possible with exacerbation of the disease.

Materials and methods. It was investigated 38 patients in the allergic department of the CNS "GKB № 27" CHC. The clinical manifestations of allergy were: the presence of anaphylactic shock (5 patients), acute urticaria (23 patients), angioedema (10 patients) - immediate-type allergic reactions. An allergic reaction to amoxicillin was recorded in 32 patients, in 16 patients - to ceftriaxone. The quantitative determination of the levels of specific IgE in serum to amoxicillin and ceftriaxone was provided to all patients using a set of reagents "IgE allerge-specific BEST-test" (Ukraine). The concentrations of specific IgE of more than 0.1 IU/ml were considered diagnostically significant. All patients underwent a prick test with solutions of amoxicillin and ceftriaxone at a dilution of 1:10, and patients with anaphylactic shock in 2 stages: in a titer of 1: 100, and in the case of a negative test of 1:10 - 2 weeks after discontinuation of antihistamines and hormonal drugs. A positive prick test to amoxicillin was found in 91 % of patients and in 88 % of patients - to ceftriaxone. The results were compared with those during the indirect basophil's degranulation test, the test was considered positive with a decrease of more than 20 % in basophils number in the presence of drug solutions relative to the number of basophils in the control. It was established that in the presence of allergy to amoxicillin the IgE allerge-specific BEST test was positive in 34 % of patients, the indirect basophil's degranulation test - in 49 % of patients, to ceftriaxone - in 31% and 42% respectively.

The results indicate the presence of various types of allergic reactions in the group of examined patients with drug allergies. Prick test proved to be highly informative for determining sensitization in patients with drug allergies caused by amoxicillin and ceftriaxone. The IgE allergen-specific BEST test had a greater specificity for reagin type I allergic reactions compared with an indirect basophil's degranulation test. The presence of low percentage values of positive IgE allerge-specific BEST test can be explained by the fact that in most cases drug allergy develops not on the output drug, but on products of its metabolism.