

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



**IV Науково-практична конференція з
міжнародною участю**

**«Фізична активність і якість життя
людини»**

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**ШАНОВНІ КОЛЕГИ, ВИКЛАДАЧІ,
СТУДЕНТИ!**

**24 ЛЮТОГО 2022 РОКУ РФ ЦИНІЧНО ТА
ЖОРСТОКО НАПАЛА НА УКРАЇНУ.
СЬОГОДНІ В НАШІЙ КРАЇНІ ТРИВАЄ
НЕВПИННА БОРОТЬБА ЗА СВОБОДУ ТА
ЖИТТЯ ВСІХ УКРАЇНЦІВ. МИ
ВКЛОНЯЄМОСЬ ЗСУ, МИ ВКЛОНЯЄМОСЬ
ПЕРЕД КОЖНИМ, ХТО
БОРОНИТЬ НАС!**

**НЕ ДОЗВОЛИМО ВІЙНІ ЗАБРАТИ НАШЕ
ПРАВО НАВЧАТИСЯ ТА РОЗВИВАТИСЯ!**

Разом, ми - сила!

І разом ми переможемо!

Слава Україні! Героям Слава!

Куций Д.В., Кириченко М.П.

ДИНАМІКА ПОКАЗНИКІВ ФУНКЦІЙ ЗОВНІШНЬОГО
ДИХАННЯ У ЖІНОК РІЗНИХ ВІКОВИХ ГРУП
У ПРОЦЕСІ ОЗДОРОВЧОГО ТРЕНУВАННЯ..... 78-89

Лазуренко В.В., Старкова І.В., Тіщенко О.М., Старкова В.Д.

ДЕЯКІ АСПЕКТИ ПРОФІЛАКТИКИ
ОСТЕОПОРОТИЧНИХ ПЕРЕЛОМІВ У ЖІНОК
З ГІПОКІНЕЗІЄЮ..... 90-95

Lenska O.V., Korchevska O.G., Lapko S.V., Lobanova O.V.

INCREASING THE EFFICIENCY OF PROFESSIONAL
ADAPTATION OF MEDICAL STUDENTS THROUGH
PHYSICAL EDUCATION AND SPORTS..... 96-103

Lobanova O.V., Lenska O.V.

INDICATORS OF THE DEVELOPMENT OF
COORDINATION SKILLS FOR FOREIGN
MEDICAL STUDENTS 103-109

Lenska O.V., Korchevska O.G., Lobanova O.V.

SCIENTIFIC RESEARCH METHODOLOGY FOR
DETERMINING THE CONTENT OF PROFESSIONAL
APPLIED PHYSICAL TRAINING OF MEDICAL
STUDENTS UNIVERSITIES..... 110-118

method of education" / I. Yu. Nikolaychuk. – Luhansk, 2008. – 20 p.

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INDICATORS OF THE DEVELOPMENT OF COORDINATION SKILLS FOR FOREIGN MEDICAL STUDENTS

The profession of a doctor requires a comprehensively developed personality, both physically and spiritually, capable of

actively acting in conditions of global crisis and disasters. This involves a reorientation of the goals and tasks facing the physical education of medical students with an emphasis on the role of this subject, because for a doctor, the need to take responsibility not only for his own fate, but also for the fate of many people comes to the fore.

To solve complex tasks, a future medical student must have well-developed motor skills. Dexterity occupies one of the central places of motor activity. It has the most diverse connections with other physical qualities, closely related to motor skills and therefore has the most complex character.

Dexterity is a complex psychophysical complex that includes the ability to distribute and concentrate attention, the ability to orientate quickly, think quickly, direct volitional efforts to manage emotions and perform complex coordination actions.

The main parameters for measuring dexterity are the coordination complexity of movements and motor actions.

Instead of the existing basic term "dexterity", which is very ambiguous and vague, the term "coordinative abilities" (KZ) was introduced into theory and practice and began to talk about the system of such abilities and the need for a differentiated approach to their development.

A nimble person learns new movements quite quickly and is capable of quickly rebuilding them. Dexterity depends on the activity of analyzers and, above all, motor. Coordination abilities largely determine the success of a future doctor. The final result depends on the level of development, hence the ability to quickly and efficiently make decisions related to professional activity, that is, the health and often even the life of the patient.

In connection with the integration of Ukraine into the international educational space, the number of foreign students who want to become a doctor has also increased. These are mainly students from Africa, the Near East, Central Asia and Asia.

During classes with this category of students, in the first year of study, it was established that some dexterity and coordination exercises performed in the preparatory part of the class cause them difficulties.

All suggested exercises contain coordination and complex-coordination movements. It was difficult for students to understand the performance technique, which indicates that it is insufficient development of dexterity, operative thinking and other psychophysical and psychoemotional qualities necessary for successfully mastering the profession of a doctor.

Having selected a group of subjects, testing was conducted to determine the level of coordination abilities of foreign medical students and to further develop the methodology for its improvement.

The group included 30 people from India and 30 people from the Near East. According to the results of the first test, in which the students had to run with a cross step to the left (right) side, for a distance of 18 m (the grade was "completed", "not fulfilled"), the best result was shown by students from the countries of the Near East (table 1).

Table 1

Region	Done		Not done	
	Number students	%	Number students	%
Near East	21	70	9	30
India	17	56,6	13	43,4

The second test was an exercise:

The starting position is the main stand.

At once - the left hand to the side; two - right hand to the side; three - left hand up; four - right hand up; five - left hand forward; six - right hand forward; seven - left hand down; eight - the right

hand down (the exercise is performed with an increase in the tempo of the maximum). The results are given below (Table 2)

Table 2

Region	Done		Not done	
	Number students	%	Number students	%
Near East	14	46,6	16	53,4
India	8	26,6	22	73,4

The third test was: throwing a volleyball up with a clap behind the back (10 or more times in a row - "excellent"; 7 or more times in a row - "good"; 5 times or more - "satisfactorily"; 2 or more - "unsatisfactory"). (Table 3).

Table 3

Region	mark							
	5	%	4	%	3	%	2	%
Near East	7	23,3	9	30	9	30	5	16,7
India	0	-	7	23,4	13	43,3	10	33,3

Thus, the results revealed a low level of coordination abilities of foreign medical students. The problem with students from India turned out to be especially acute. Such indicators significantly affect the further formation of a medical student as a professional. The oral survey showed that this group of students is quite small, and often not at all paid attention to the development of coordination abilities. They did not attend physical education classes, did not participate in sports, because of their social status and religion. Therefore, the teachers created a set of exercises, taking into account the ethnic characteristics of medical students, the effectiveness of which is the next stage of research.

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