

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
ТЕРНОПІЛЬСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ  
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# USE OF MONITORING OF THE LEVEL OF QUALITY OF EDUCATION OF ENGLISH STUDENTS AT THE DEPARTMENT OF ORTHOPEDIC DENTISTRY OF KHARKIV NATIONAL MEDICAL UNIVERSITY

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**Introduction.** In the modern educational space, the quality of education offered by a higher education institution is one of the most important criteria of competitiveness and prestige of the university. It can be argued that today the social order has changed: specialists who possess along with professional skills became necessary, communicative culture, literacy in both native and foreign languages. It is important to note that the requirements of modern society, which are put forward to educational institutions, have shifted the emphasis in language training, as a very large number of foreign students want to obtain higher education in our country. The quality of professional language training of specialists directly depends on the level of acquired knowledge, skills and abilities – both linguistic and professionally oriented. Now, in conditions of fierce competition for the provision of education, competency characteristics come first in the assessment of the results of the educational process.

Our university has created and successfully operates a system of higher education, which implements various types of educational programs and services: pre-university, basic research and additional education. Agreeing with the opinion of Kasyanova O. on monitoring the quality of professional training of future orthopedists – dental department, we consider it appropriate to distinguish three types of its implementation [1]:

- 1) preparatory, which implements the planning function;
- 2) practical, which contributes to the implementation of organizational and control functions of quality management of education;
- 3) analytical, which performs the function of analyzing the results.

Today, there is no common opinion on such a fundamental issue as the definition of “monitoring”. For T.A. Stefanovska – is the diagnosis, assessment and prediction of the pedagogical process, tracking its course, results, perspectives [2].

The goal of this investigation is to study the use of monitoring the quality of education of English-speaking students at the Department of Orthopedic Dentistry of Kharkiv National Medical University.

**Main part.** The main objective of quality monitoring education of English-speaking students in universities are:

1) development of a set of indicators that provide a holistic view of the state of the educational process;

2) systematization of information about the state and development of the educational process in universities;

3) information support analysis and forecasting of the state and development of the educational process.

In the plane of features of educational monitoring its main directions are defined: 1) monitoring the context of the educational process; 2) monitoring the resources of the educational process; 3) monitoring of the educational process; 4) monitoring the results of the educational process.

Monitoring the quality of education of English-speaking high school students is divided into: departmental, faculty, university, regional, state, continental, world. The practical implementation of monitoring tasks by a higher education institution is carried out at the first three levels – departmental, faculty, university. The indicators of the departmental level include the professional orientation and competence of graduates, the positive features and shortcomings of their work, the attitude of managers to graduates.

**Conclusions.** Everyone knows that success in work and career growth of a future doctor depends entirely on the quality of his professional training, the development of their own level of professionalism. Methodological and theoretical problems monitoring the learning of English-speaking students are also observed at the Department of Orthopedic Dentistry. Teachers try to solve them by compiling and revising methodological developments for English-speaking students, translating recommended literature, constantly improving the level of English language proficiency and increasing the number of teachers who have access to foreign language classes. The following criteria for assessing the quality of training of English-speaking students were also introduced:

1) control visits to classes are conducted by the head of the department or the most experienced teachers as needed, but at least once a semester for each teacher;

2) questionnaires of teachers to identify difficulties in the learning process is as needed, but at least once a semester;

3) at the start of the academic year a preliminary control of academic achievements is carried out; test control of knowledge in English-speaking students is carried out by all teachers who speak English, in accordance with the curriculum; final control takes place at the end of each semester and at the end of the academic year according to schedules of tests and examinations;

4) questionnaires of students on satisfaction with the educational process coincides with the previous, current and final control of academic achievement.

Today we widely use the main components of quality monitoring within the department, such as: 1) testing; 2) writing medical histories; 3) solving situational problems; 4) practical skills; 5) preparation for the licensing exam “Krok 2”.

This allows to maximally understand and optimize the level of training of graduates, their professional competence, professional suitability, thereby improving the attitude of their future managers, colleagues and patients.

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## **ОСОБЛИВОСТІ УРАЖЕННЯ ЛЕГЕНЬ У ПАЦІЄНТІВ НА РЕВМАТОЇДНИЙ АРТРИТ ЗА ДАННИМИ РЕНТГЕНОЛОГІЧНИХ МЕТОДИК ДОСЛІДЖЕННЯ**

**Бортний М.О.<sup>1</sup>, Бортна Т.М.<sup>2</sup>**

*<sup>1</sup>Харківська медична академія післядипломної освіти*

*<sup>2</sup>КНП «Міська студентська лікарня» ХМР*

**Вступ.** Ревматоїдний артрит (РА) найбільш розповсюджене серед хронічних поліартритів захворювання, яке уражає від 0,6 до 4 % населення планети в різних кліматогеографічних зонах. Жінки хворіють приблизно у 2,5 рази частіше, ніж чоловіки і переважно у віці 35-50

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