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ABSCHNITT IV.
STRAFVERFOLGUNG UND KRIMINALISTIK

ARTICLES

КОРУПЦІЯ ЯК ГОЛОВНИЙ ВИКЛИК НАЦІОНАЛЬНІЙ БЕЗПЕЦІ: ІНСТРУМЕНТИ ПРОТИДІЇ ТА ПРЕВЕНЦІЇ
Лученко В.Д. 30

ABSTRACTS

КРИМІНАЛЬНО-ПРАВОВІ АСПЕКТИ ВИКОРИСТАННЯ ШТУЧНОГО ІНТЕЛЕКТУ ДЛЯ ГЕНЕРАЦІЇ ТА ПОШИРЕННЯ ДИПФЕЙКІВ
Ковальова Д.С. 34

ABSCHNITT V.
PÄDAGOGIK DER SEKUNDAR-, BERUFS- UND HOCHSCHULBILDUNG

ARTICLES

A STEP INTO REALITY: INTERNSHIP IN TIMES OF WAR
Puchkov V.A., Siusiuka V.G., Ganoshenko Y.A., Onopchenko S.V., Liubomyrska K.S., Gaidai N.V., Zemlyana N.A. 37

ABSTRACTS

DEVELOPING COMMUNICATIVE COMPETENCE IN THEATRE STUDENTS
Haieva P. 43

МАТРИЦЯ ПРОЄКТУВАННЯ НАВЧАЛЬНИХ ЗАВДАНЬ З ХІМІЇ: СТРУКТУРА І ФУНКЦІЇ
Коршевнюк Т.В. 46

ABSCHNITT VI.
SPORTPÄDAGOGIK UND SPORT

ABSTRACTS

РОЗВИТОК АДАПТИВНИХ МОЖЛИВОСТЕЙ І СТРЕСОВОСТІЙКОСТІ СЕМИБОРОК В УМОВАХ ВИСОКОІНТЕНСИВНИХ НАВАНТАЖЕНЬ
Павленко В.О., Насонкіна О.Ю., Бойко М.Р. 49

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A STEP INTO REALITY: INTERNSHIP IN TIMES OF WAR

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The training of resident physicians integrates theoretical instruction, clinical practice, and the gradual development of professional autonomy under the supervision of academic staff and internship supervisors. In Ukraine, the organization of internship training is regulated by Order No. 1254 of the Ministry of Health of Ukraine dated June 22, 2021, as amended. Specific provisions governing internship training under martial law are established by Order No. 1327 of the

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Ministry of Health of Ukraine dated July 26, 2022 [1, 2]. In Ukraine, the three-year internship-training program in Obstetrics and Gynecology comprises on-site and distance-learning components, incorporates simulation-based training technologies, and includes the assessment of residents' professional competencies.

The full-scale war in Ukraine and the specific operational challenges faced by healthcare facilities in frontline regions have substantially altered the conditions for postgraduate medical training. This is particularly relevant to internship physicians undertaking their training in Ukraine's frontline regions. In wartime, the educational process cannot be considered separately from the security situation, staff shortages, damage to medical infrastructure, and the increasing workload of healthcare facilities. In frontline settings, internship programmes must maintain continuity of training while ensuring educational quality, intern well-being, and patient safety. [3-7].

The operational challenges faced by healthcare facilities in frontline regions significantly constrain the opportunities for the professional training of obstetrics and gynecology interns. According to the World Health Organization, the number of attacks on Ukraine's healthcare system increased by nearly 20% in 2025 compared with previous years [3].

Air raid alerts, evacuation measures, and uneven workloads result in fragmen ted and inconsistent practical training for medical residents. Therefore, internship-training programs in frontline regions require the development of an adaptive educational system capable of ensuring continuity of the educational process and preparing medical interns to act independently in unfamiliar clinical situations.

One component of this approach is the use of distance learning technologies, which make it possible to maintain the theoretical component of training, deliver lectures, and discuss clinical cases. However, these technologies cannot fully replace direct patient examination, performing clinical procedures, assistance during surgical interventions, or work as part of multidisciplinary team [6, 7].

Another specific challenge faced by clinical training facilities in frontline regions is the altered structure of clinical exposure. These facilities experience an increased incidence of blast injuries and combined trauma, massive hemorrhage, burns, acute stress reactions, decompensated chronic diseases and advanced stage clinical cases [4, 5]. Security and logistical constraints also complicate the completion of mandatory clinical rotations. In Ukraine, the closure of hospital departments, reductions in elective care and risks associated with travel remain pressing issues [5]. All these factors make it difficult for medical interns to acquire all the competencies stipulated in their training programs.

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The psychological exhaustion of medical interns also warrants particular attention. The constant threat to life, recurrent air raid alerts, and chronic sleep deprivation [8-10]. A study examining the psychological wellbeing of Ukrainian medical students found a high prevalence of symptoms of stress, anxiety, depression, and posttraumatic stress disorder, as well as changes in academic performance during the war [8].

During 2025-2026 academic year, 20 medical interns were enrolled in Department of Obstetrics and Gynecology. Training was conducted in accordance with the three-year internship-training program in Obstetrics and Gynecology and individual training schedules. Clinical training took place at the Regional Perinatal Center of the Healthy Family Medical Association of the Zaporizhzhia Regional Council, the Maternity Hospital of the Municipal Non-profit Enterprise "City Hospital for Emergency and Urgent Care" of the Zaporizhzhia City Council, and the interdepartmental training center of Zaporizhzhia State Medical and Pharmaceutical University.

An adaptive internship-training model is used, combining clinical training facilities in frontline regions, a university hospital, two interdepartmental simulation centers and a distance-learning component. All training facilities are equipped with shelters. Interns also receive training using hysteroscopic, laparoscopic, radiological, and ultrasound equipment, among other technologies.

Under these conditions, simulation-based training becomes a particularly important component of medical education. It focuses on practicing core competencies, including hemorrhage control, management of polytrauma, cardiopulmonary resuscitation, emergency management, and crisis communication. This approach helps partially compensate for the uneven distribution of patients across healthcare facilities by ensuring that all interns are exposed to a standardized minimum set of clinical scenarios. Practicing clinical skills on task trainers and mannequins, as well as recreating simulated clinical scenarios, promotes the development of critical thinking, communication skills, and teamwork.

Amid staffing shortages, medical interns are often required to perform a substantial volume of routine clinical work. However, performing procedures without prior explanation, supervision, and feedback may result in fragmented clinical experience and reinforce incorrect patterns of behavior. In frontline settings, simulation based training should be an integral part of internship education, helping interns maintain practical skills when clinical exposure is limited or interrupted. Its effectiveness depends on clearly defined learning outcomes, a psychologically safe learning environment, instructor training, regular repetition of

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scenarios, structured debriefing and the transfer of learning outcomes from simulation to clinical practice.

In this context, a simulation scenario involves creating a controlled environment in which medical interns learn to act under conditions of uncertainty without fear of humiliation or punishment for making mistakes during training [11]. Accordingly, it is pedagogically appropriate to simulate not only the "ideal" clinical management algorithm, but also situations requiring adaptation, such as delays in laboratory test results, the simultaneous admission of several female patients, and the temporary unavailability of an operating room or specialist. Such scenarios foster the development of clinical reasoning, prioritization skills, and the ability to make decisions based on incomplete information [12].

To ensure the effective implementation of simulation-based training technologies, the department employs both a conventional educational and methodological framework for the academic component including the course syllabus, instructional guidelines, and various educational and methodological publications in obstetrics and gynecology and specialized methodological support specifically designed to organize training sessions using these technologies.

The availability at Zaporizhzhia State Medical and Pharmaceutical University of a wide range of simulators that provide opportunities for practical training under conditions approximating real-life clinical settings, as well as computer-based technologies for simulating diverse clinical scenarios while preserving their timing and dynamics, necessitates the development of additional educational and methodological materials. These include instructions for operating simulators and familiarizing trainees with simulation and medical equipment; software manuals describing the performance of specific practical skills and simulations; methodological guidelines for working with the Body Interact virtual patient program; sets of checklists outlining the algorithms to be followed in specific scenarios to assess skill acquisition; guidelines for conducting debriefing sessions as a mandatory component of simulation-based training and instructional materials for faculty, including Simulation-based Training at Zaporizhzhia State Medical and Pharmaceutical University, edited by Professor Yu. M. Kolesnyk [13].

The implementation of short, regular training sessions lasting 15-30 minutes directly in the delivery room, admissions unit and postpartum wards, rather than lengthy sessions lasting several hours, facilitates the integration of simulation-based training into clinical schedules and enables sessions to be interrupted more quickly in the event of an air raid alert. Before each session, residents receive a brief set of preparatory materials, including a clinical protocol, an interactive clinical case, a procedural algorithm, and a list of expected learning outcomes. This comprehensive simulation approach requires the simultaneous application of knowledge, clinical reasoning, communication skills and teamwork.

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Creating a safe educational environment while preventing gaps in professional training caused by the challenges of wartime is one of the key organizational priorities for higher education institutions under current circumstances. The systematic implementation of simulation-based learning technologies, alongside other management measures, makes it possible to significantly improve the quality of professional training in accordance with international standards. It also creates conditions in which learners actively participate in the educational process and can practice professional skills without putting patients at the risk or exposing themselves to stress-inducing factors [14].

Thus, the training of medical interns in frontline regions requires a dedicated organization and pedagogical model that does not compromise educational standards. Its effectiveness should be assessed not by formal adherence to the academic schedule but by demonstrable evidence of a young physician's ability to provide medical care safely, professionally, and responsibly. In frontline regions, simulation-based training can help maintain residents' clinical readiness when access to routine clinical learning opportunities is disrupted. Its contribution to training continuity and preparedness for emergencies should be evaluated using clearly defined educational outcomes.

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