



## Article

# Simulation training methods in mastering the skills of emergency medical care

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**Abstract:** There are results were analyzed: students' perception and digestibility of educational material on emergency pediatrics using simulation equipment.

**Materials and methods of research:** Simulation training is a relatively new and very rapidly developing area of medical education.

**Results of the study:** This teaching method is especially important for mastering the skills of emergency and emergency care for children.

**Conclusion:** High demands on the quality of training of doctors, limited opportunities to work out new practical skills on patients (especially children), increased attention to the safety of medical care for patients and medical personnel, and adherence to ethical standards led to a new paradigm of medical education - the use of simulation methods of training.

**Keywords:** higher medical education, pedagogical technologies, competence approach, simulation training.

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## 1. Introduction (Вступление)

O'zbekiston Respublikasi Prezidenti Shavkat Mirziyoev 20 aprel 2017 yilda «Oliy ta'limni yanada takomillashtirish chora-tadbirlari» to'g'risidagi qarorni imzoladi. Bu xujjat oliy ta'limni chuqur ko'rib chiqish va o'rganish bilan bir qatorda shu soxadagi kadrlarni qayta tayyorlash, ya'ni davlatimizning ijtimoiy-iqtisodiy rivojlanishiga mos, dunyo miqyosidagi standartlarga xos oliy ta'lim mutaxassislarini etishtirishga qaratilgan.

Shuning uchun oliy ta'lim sifatini takomillashtirish dolzarb omil bo'lib, o'qitishda ko'pkina yangi texnologiyalar va uslublar qo'llanilmoqda, shular jumlasiga simulyatsiya o'qitish uslubi kiradi.

Simulyatsiya o'qitish — Tibbiyot talabalarni xar xil vaziyatlarda real xolatga mos ravishda tibbiy yordam ko'rsatishda tajribasini oshirishga qaratilgan. Bu san'at darajasidagi zamonaviy texnologiyalar asosida, klinik vaziyatlar saxnalashtirilib tez tibbiy yordam ko'rsatish ta'lim maqsadiga erishiladi [1]. Bo'lajak shifokorlarni xar qanday soxa bo'yicha simulyatsion uslubda tayyorlash yangi va tez rivojlanayotgan tibbiy ta'limning yo'nalishidir, shundan kelib chiqadiki, undan samarali foydalanish uning dolzarbligini yanada yuksaklashtiradi. Bu uslubning muximligi, shoshilinch yordam paytida, o'quvchi xatoliklarga yo'l qo'yishdan qo'rqmasdan, bemorga zarar etkazmagan holda o'rganadi va tajribasini oshiradi. Kritik xolatlarda inson xayotiga xavf tug'dirilganda, xatoliklarga yo'l qo'yilmasdan yordam ko'rsatadi. Simulyatsion o'qitish ayniqsa pediatriya amaliyotida ko'nikmalarni o'rganish uchun zarur [2–6]. Simulyatsion o'qitish

ayniqsa pediatriya amaliyotida ko'nikmalarni o'rganish uchun zarur [2–6]. Simulyatsion o'qitishda har xil zamonaviy texnologiyalar va simulyasion maniknlardan foydalaniladi. American Heart Association (AHA), tavsiyalariga muvofiq psixomotor ko'nikmalarni shakllantirgan holda kritik vaziyatlar, o'pka-yurak reanimatsiyasi (O'YuR), nafas yo'llaridan yod jismni olib tashlash va x.z., kiradi [7]. Shoshilinch tibbiy yordam ko'rsatishda ilmiy assoslangan zamonaviy yondashuv Shoshilinch pediatriya, xalokatlar tibbiyoti kafedrasida yaxshi yo'lga qo'yilgan. ToshPMI da o'quv qo'llanmalar ishlab chiqilishi, monografiyalar, bundan tashqari chet el mutaxasislari bilan birgalikda klinik protokollardan foydalaniladi [8,9].

AQSh va Evropa davlatlarida ishlab chiqilgan va qo'llaniladigan, klinik protokollarga kiritilgan dastur bo'yicha o'quv kurslari olib boriladi. Shu dasturlar bizning talabalarimizni o'qitishda xam qo'llanilib kelinmoqda, bunga misol American Heart Association (AHA) i American Academy of Pediatrics (AAP) Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) — «bolalar xayotiga xavf soluvchi xolatlarni aniqlash va stabilashtirishni baxolovchi ko'nikmalarni o'rganish» [9].

## **2. Materials and Methods: (Материалы и методы)**

Mazkur maqolada Toshkent Pediatriya Tibbiyot Instituti «Shoshilinch pediatriya, xalokatlar tibbiyoti» kafedrasining tajribasidan ANA va AAR PEARS simulyatsion o'qitish uslubi simulyatsion-maniknlarda integral o'quv jarayonlari ko'rsatilgan.

Mazkur maqolada Toshkent Pediatriya Tibbiyot Instituti «Shoshilinch pediatriya, xalokatlar tibbiyoti» kafedrasining tajribasidan ANA va AAR PEARS simulyatsion o'qitish uslubi simulyatsion-maniknlarda integral o'quv jarayonlari ko'rsatilgan.

## **3. Results: (Результаты и исследования)**

Toshkent Pediatriya Tibbiyot Instituti qoshidagi Shoshilinch pediatriya, xalokatlar tibbiyoti kafedrasida simulyatsion o'qitish uslubi bo'yicha (2001 yildan) boy tajribaga ega. Mavjud bo'lgan 5 ta amaliy yo'nalish, talabalarni shoshilinch tibbiy yordamni o'zlashtirish, o'z ustida ishlash, amaliy ko'nikmalarni baholashda yaxshi yordam beradi.

Kafedra bazasida, simulyatsion kabinetlar mavjud bo'lib, simulyatsion maniknlar bilan jixozlangan va bolalardagi kritik xolatlarda talabalar shoshilinch yordam ko'rsatishi uchun mo'ljallangan. Pediatriya fakulteti 5 kurs talabalari (450kishi), 6 kurs davolash va kasbiy ta'lim fakultetlari (600kishi) va 2 kurs xamshiralik ishi fakulteti (50kishi) 2018-2019 yillar talabalar uchun dasturlar ishlab chiqilgan. «Shoshilinch pediatriya» ga 6 soatdan shoshilinch xolatlarda yordam ko'rsatish ko'nikmalarni o'zlashtirishga ajratilgan.

Kurs og'ir ahvoldagi bemorlarga, yangi ilmiy asoslangan shoshilinch tibbiy yordam algoritmi xarakterlarini qo'llashni va bolalardagi kritik xolatlarni aniqlash, stabilashtirish, kerak bo'lganda reanimatsiya chora tadbirlarini o'tkazishni amalga oshirishni o'rgatadi. Modellashtirilgan umumiy realistik qabul qilish jarayoni mexanik, fiziologik, atrof- muxit va vaqt faktorlariga bog'liqdir. O'z navbatida aloxida simulyatsiya manipulyatsiyalari chegaralangan axamiyatga ega bo'lsada, uni o'quv dasturiga qo'shishda, talaba va o'qituvchi o'qitishning kerakli bo'lagiday qabul qilishi kerak, shundagina biz kerakli yutuqlarga erishamiz.

Tibbiy ta'lim tizimida simulyatsiya bir qancha uslublarni o'z ichiga qamrab oladi, klinik vaziyatlarni o'rganish, qaytarish, baholash va tekshirishlardir. Simulyatsiya uslubi boshlang'ich darajadan verbal ko'rinishdan to mukammal yoki standartli bemorlarni simulyatsiyasini amalga oshirish mumkin.

## **4. Discussion (Обсуждение)**

Simulyatsiya tegishli ravishda qo'llanilsa yuqori ta'lim qiymatiga egadir.

Talabalarni o'qitishda seminarlar o'tkazilib kritik xolatlarni patogenetik asoslab, shoshilinch yordam ko'rsatish algoritmi muxokama qilinadi, simulyatsiya sinfinda O'YuR(o'pka yurak reanimatsiyasi), nafas yo'llari o'tqazuvchanligi, anafilaktik shokda shoshilinch yordam kursatish o'zlashtiriladi.

O'qitish jarayoni natijasida talaba quyidagilarni o'zlashtirib oladi:

- bolalar xayotiga xavf soluvchi xolatlarini baholashda tizimli yondashuv;
- pediatrik bemorda nafas va yurak faoliyati to'xtaganda kerakli aniq va ustuvor xarakterlar;
- bemorda nafas va yurak faoliyati to'xtaganda nafas yo'llari o'tqazuvchanligi buzilganda, anafilaktik shokda kerakli aniq va ustuvor xarakterlar;
- bola ahvoriga xavf soluvchi belgilarni aniqlovchi ko'nikmalar;
- —Yurak —o'pka reanimatsiyasi va nafas yo'llari o'tkazuvchanligini taminlash ko'nikmalari.

Talabalar bilan birgalikda o'qituvchi simulyatsion sinfda o'zlashtirgan materiallarni ustunlik va kamchilik tomonlarini baxolagan holda ko'rib chiqishadi. Barcha talabalar teoretik bilimlarini bir vaqtning o'zida manual ko'nikmalar bilan birgalikda yuqori samarali darajada mustaxkamlaydi.

Amaliy stantsiyalarda asosiy ishlash tamoyillari quyidagilardan iborat:

- har qanday ko'nikma va stsenariyni (sahnalashtirish) tarkibiy qismini protokollarda tasfirlash.
- avval ko'nikmani namoyish qilib, so'ngra sinov tajribasida amalga oshirish.
- oddiydan-murakkabga xar bir o'quv stsenariysi yangi ko'nikmalar bilan boyitilish asosida boshlanib murakkab uslublar ortib ilg'or darajaga etadi.
- realistik – saxnalar (stsenariyalar) shaxssiz va quruq tragedik vaziyatni ko'rsatib, uning oxiri muvaffaqiyatli yoki tragedik final bilan tugaydi.
- qatnashuvchilarga stsenariy bo'yicha ko'rsatma bermoq, buyruq asosida emas balki tavsiya va maslahat asosida amalga oshiriladi.
- stantsiyalarda ishlashning ba'zi bosqichlarida talaba protokol asosida baxolanadi
- ommaviy xodisalar taqlid qilinib, komandalar tez-tez musoboqalashadi
- tez-tez o'zaro baholash olib boriladi, gurux stsenariy qatnashchisi va jamoani baxolaydi
- stsenariy sifatli bajarilganligi muxokoma qilinadi, dastlab yutuqlar, so'ngra etishmovchiliklar eslatib o'tiladi..

## 5. Conclusions: (Выводы)

1. Realistik stsenariyalar asosida simulyatsion o'qitish, kompetentsiyali qodirlikka olib keladi.
2. Simulyatsion o'qitish xuquqlar tug'risidagi qonunni buzmasdan, mojarosiz, konfidentsiyalik saqlangan holda, malakali tibbiy yordam ko'rsatiladi.
3. Simulyatsion o'qitish ob'ektiv xarakterlarni bajarishga imkoniyat beradi.
4. Simulyatsion o'qitish nafaqat amaliy, balki talabani emotsional maqsadlarga erishishga, shaxslar bilan iliq aloqa o'rnatishga, psixologik aktivlik va stabillikka undaydi.
5. Simulyatsion o'qitish qimmat bo'lishi (ya'ni kompyuter manikenlar, virtual haqiqatga ega bo'lgan trenajorlar va ekran simulyatorlari) va arzon (amaliyot simulyatorlari, standart bemorlar) bilan amalga oshiriladi.
6. Simulyatsion o'qitish uslublari bolalarda kritik xolatlardagi ahvolni baholashda, samarali davo choralarini ko'rsatishda, xalqaro tibbiy yordam standartlariga mos ravishda talabalarni nafaqat bilim balki psixomotor ko'nikmalarni qo'llagan holda, jamoa tarzida yordam ko'rsatish, talabani bilim olish samaradorligini oshiradi..

### Author Contributions:

**Sharipov M. Alisher** - Разработка концепции и дизайна или анализ и интерпретация данных - Согласие быть ответственным за все аспекты работы, и предполагает, что должным образом исследованы и разрешены вопросы, касающиеся тщательности и добросовестном выполнении любой части представленного исследования.

**Shaxnoza A.Karieva** - Обоснование рукописи или проверка критически важного интеллектуального содержания - Окончательное утверждение для публикации рукописи - Согласие быть ответственным за все аспекты работы, и предполагает, что должным образом исследованы и разрешены вопросы, касающиеся тщательности и добросовестном выполнении любой части представленного исследования.

**Zafar F. Safarov** - Разработка концепции и дизайна или анализ и интерпретация данных - Окончательное утверждение для публикации рукописи - Согласие быть ответственным за все аспекты работы, и предполагает, что должным образом исследованы и разрешены вопросы,

касающиеся тщательности и добросовестном выполнении любой части представленного исследования.

**Aziz B. Tilyakov** - Разработка концепции и дизайна или анализ и интерпретация данных - Окончательное утверждение для публикации рукописи - Согласие быть ответственным за все аспекты работы, и предполагает, что должным образом исследованы и разрешены вопросы, касающиеся тщательности и добросовестном выполнении любой части представленного исследования.

**Nodira H. Abrieva** - Разработка концепции и дизайна или анализ и интерпретация данных - Окончательное утверждение для публикации рукописи - Согласие быть ответственным за все аспекты работы, и предполагает, что должным образом исследованы и разрешены вопросы, касающиеся тщательности и добросовестном выполнении любой части представленного исследования.

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## References: (Литература)

1. Шарипов А. М., Умарова З. С., Гулямов Р. О., Сафаров З. Ф., Ахматалиева М. А. Опыт внедрения стандартов оказания экстренной медицинской помощи «EMT basic» в Узбекистане // ВСП. 2006. №5. URL: <https://cyberleninka.ru/article/n/opyt-vnedreniya-standartov-okazaniya-ekstrennoy-meditsinskoj-pomoschi-emt-basic-v-uzbekistane>.
2. Сафаров, З., Алимов, А., Расулов, А., Усманов, Р., & Тиляков, А. (2023). Эффективность симуляционного обучения в экстренной медицинской помощи. Журнал биомедицины и практики, 1(3/2), 270–276. <https://doi.org/10.26739/2181-9300-2021-3-123>
3. Gaba DM. The future vision of simulation in health care. Qual Saf Health Care. 2009 Oct;13(Suppl 1): i2-10. doi: 10.1136/qhc.13.suppl\_1.i2.
4. Sørensen JL, Østergaard D, LeBlanc V, et al. Design of simulation-based medical education and advantages and disadvantages of in situ simulation versus off-site simulation. BMC Med Educ. 2017 Jan 21;17(1):20. doi: 10.1186/s12909-016-0838-3.
5. Cook DA, Hatala R, Brydges R, et al. Technology-enhanced simulation for health professions education: a systematic review and meta-analysis. JAMA. 2014 Sep 7;306(9):978-88. doi: 10.1001/jama.2011.1234.
6. Stocker M, Laine K, Ulmer F. Use of simulation-based medical training in Swiss pediatric hospitals: a national survey. BMC Med Educ. 2017 Jun 17;17(1):104. doi: 10.1186/s12909-017-0940-1.
7. Cheng A, Lang TR, Starr SR, Pusic M, Cook DA. Technology-enhanced simulation and pediatric education: a meta-analysis. Pediatrics. 2014 May;133(5): e1313-23. doi: 10.1542/peds.2013-2139.
8. Cuttano A, Scaramuzzo RT, Moscuzza F, et al. Simulation on neonatal stabilization and transport. Italian Journal of Pediatrics. 2015;41(Suppl 1): A5. doi:10.1186/1824-7288-41-S1-A5.
9. American Heart Association. Highlights of the 2015 American Heart Association. Guidelines Update for CPR and ECC. Available from: <https://eccguidelines.heart.org/index.php/guidelines-highlights/>. Accessed: November 13, 2017.
10. American Heart Association, American Academy of Pediatrics. Pediatric Emergency Assessment, Recognition, and Stabilization. Provider Manual. eBook Edition. Available from: <https://ebooks.heart.org/product/pediatric-emergency-assessment-recognition-stabilization-provider-manual-short-title-if-needed-pears>. Accessed: June 13, 2012.
11. Рекомендации ESC по лечению пациентов с фибрилляцией предсердий, разработанные совместно с EACTS. Российский кардиологический журнал 2017, 7 (147): 7-86; <http://dx.doi.org/10.15829/1560-4071-2017-7-7-86>

12. 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. *European Heart Journal*, Volume 37, Issue 38, 7 October 2016, Pages 2893-2962.
13. Bjorck S, Palaszewski B, Friberg L, Bergfeldt L. Atrial fibrillation, stroke risk, and warfarin therapy revisited: a population-based study. *Stroke* 2013; 44:3103–3108.
14. Haim M, Hoshen M, Reges O, Rabi Y, Balicer R, Leibowitz M. Prospective national study of the prevalence, incidence, management and outcome of a large contemporary cohort of patients with incident non-valvular atrial fibrillation. *J Am Heart Assoc* 2015;4: e001486.
15. Chiang CE, Naditch-Brule L, Murin J, et al. Distribution and risk profile of paroxysmal, persistent, and permanent atrial fibrillation in routine clinical practice: insight from the reallife global survey evaluating patients with atrial fibrillation international registry. *Circ Arrhythm Electrophysiol* 2012; 5:632–639.
16. Ball J, Carrington MJ, McMurray JJ, Stewart S. Atrial fibrillation: profile and burden of an evolving epidemic in the 21st century. *Int J Cardiol* 2013; 167:1807–1824.
17. Kannel WB, Wolf PA, Benjamin EJ, Levy D. Prevalence, incidence, prognosis, and predisposing conditions for atrial fibrillation: population-based estimates. *Am J Cardiol* 1998; 82:2N–9N.
18. McManus DD, Rienstra M, Benjamin EJ. An update on the prognosis of patients with atrial fibrillation. *Circulation* 2012;126:e143–146.
19. Nguyen TN, Hilmer SN, Cumming RG. Review of epidemiology and management of atrial fibrillation in developing countries. *Int J Cardiol* 2013; 167:2412–2420.
20. Oldgren J, Healey JS, Ezekowitz M, et al. RE-LY Atrial Fibrillation Registry Investigators. Variations in cause and management of atrial fibrillation in a prospective registry of 15,400 emergency department patients in 46 countries: the RE-LY Atrial Fibrillation Registry. *Circulation* 2014;129:1568–1576.
21. Zoni-Berisso M, Lercari F, Carazza T, Domenicucci S. Epidemiology of atrial fibrillation: European perspective. *Clin Epidemiol* 2014;6:213–220.
22. Kishore A, Vail A, Majid A, et al. Detection of atrial fibrillation after ischemic stroke or transient ischemic attack: a systematic review and meta-analysis. *Stroke* 2014;45:520–526.
23. Sanna T, Diener HC, Passman RS, et al. CRYSTAL AF Investigators. Cryptogenic stroke and underlying atrial fibrillation. *N Engl J Med* 2014;370:2478–2486.
24. Wang TJ, Larson MG, Levy D, et al. Temporal relations of atrial fibrillation and congestive heart failure and their joint influence on mortality: the Framingham Heart Study. *Circulation* 2003;107:2920–2925.
25. Schnabel RB, Yin X, Gona P, et al. 50 year trends in atrial fibrillation prevalence, incidence, risk factors, and mortality in the Framingham Heart Study: a cohort study. *Lancet* 2015;386:154–162.
26. Ansell J, Hirsh J, Poller L et al. The pharmacology and management of the vitamin K antagonists: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. *Chest* 2004; 126 (suppl.): 204S–33S.
27. Garcia D, Regan S, Crowther M et al. Warfarin maintenance dosing patterns in clinical practice: implications for safer anticoagulation in the elderly population. *CHEST* 2005; 127: 2049–56.
28. Navar AM, Kolkailah AA, Overton R et al. Trends in Oral Anticoagulant Use Among 436 864 Patients With Atrial Fibrillation in Community Practice, 2011 to 2020. *J Am Heart Assoc*. 2022 Nov 15;11(22):e026723. doi: 10.1161/JAHA.122.026723. Epub 2022 Nov 8. PMID: 36346063; PMCID: PMC9750070.

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