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INHERENT EFFECTIVENESS OF SIMULATION TRAINING IN TRAINING YOUNG MEDICAL STAFF

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Abstract: Simulation learning is a practice and learning method that can be applied to many different disciplines and practice types. This method has been used in different ways since ancient times. Nowadays, software and various mannequins are used in the field of medicine. As a result, a mature specialist is developing.

Key word : Angélique du Coudray, "Sim One", The Great Simulation Experiment, Registered Nurse, "Immersive", Advanced Human Patient Simulator, Simulation Education.

Introduction : Simulation education it is a method of practice and learning that can be applied to many different disciplines and types of practice. This method was first introduced by our great grandfather Ibn Sina. He used an original method of simulation education to teach the process and treatment of bone fractures and fractures. In it, the process of reassembling a broken (broken) ceramic jug in a cloth bag was practiced. By the 18th century, in France, Madame du Coudray (Angélique du Coudray) created a special simulator for midwifery training courses. In the 19th century, medical simulation mannequins began to appear in Japan. After that, this research object is considered as a priority direction of development of medical education and is being developed by international scientific centers. After that, in 1960-90, American and Norwegian scientists Peter Safar, Michael Gordon, David Gabalar developed new simulation teaching technologies and created new simulation equipment. Full-body mannequin simulators emerged in the field of anesthesia in the late 1960s based on the work of Denson and Abrahamson at the University of Southern California. This model was known as "Sim One" and was used to teach endotracheal intubation and induction of anesthesia. In the 1980s, with the increasing availability of personal computers and the proliferation of simulation software, independent groups began developing simulation systems. In the early 1990s, comprehensive anesthesia simulation environments were produced, including MedSim and later the Medical Education Technologies Institute (METI) Advanced Human Patient Simulator. Current human full-body simulator models include computerized models that closely approximate the physiology seen in the human body. In 1992, "The Great Simulation Experiment" (The Great Simulation Experiment) was conducted at Harvard Medical School (Boston, USA) and the effectiveness of simulation training in the field of medicine was firmly proven. Thus, in 1993, the Harvard Medical Simulation Center was established. Since then, simulation teaching technologies have been developing rapidly.

Research methods: Simulation education is a technique of replacing and augmenting real experiences with guided experiences that fully interactively recreate or reproduce important aspects of the real world, often "immersive" in nature, but we cannot call it technology. "Immersive" refers to the user's virtual immersion in a task or environment, just like in the real world. Simulation-based learning can be an appropriate answer to questions related to the development of knowledge, skills and competencies of medical professionals, while protecting patients from unexpected and "unnecessary" risks. Simulation-based medical education can be a platform for learning to ease ethical tension and solve practical dilemmas. Simulation learning methods, tools, and strategies can be applied to the design of existing learning experiences and can be used as measurement tools related to targeted teamwork competencies and learning objectives. Healthcare workers will have the opportunity to repeatedly develop and improve their skills, using simulation technology, without

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endangering the lives of patients. Simulation training centers with their new techniques and equipment provide unique opportunities to apply and manage dynamic, complex and unpredictable medical situations.

Simulation training is a mandatory part of professional training using a model of professional activity to allow each student to perform a type of professional activity or its element in accordance with professional standards and procedures related to the provision of medical care.

Conclusion: Simulation training should be conducted by specially trained daily teachers (teacher-trainers, teaching masters) and students should review various processes with the help of specialists. This reduces the human factor or the use of animals as experiments and prepares medical students for the various processes involved. As a result, it is a factor that helps medical staff to become mature specialists. Simulation learning is mainly done through software, computers, trainers, simulators, phantoms, models, mannequins and professional equipment.

If we look at the results of simulation training, many lives will be saved through this training, because it will prevent the development of an inexperienced doctor or nurse. As a result of this, many people's lives will be saved, or we will prevent cases of disability that occur in people due to an uneducated nurse.

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