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COMPETENCY-ORIENTED MODEL OF DISTANCE LEARNING IN CLINICAL MEDICINE: EFFECTIVENESS AND PROSPECTS FOR IMPLEMENTATION

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Relevance. In the context of educational digitalization and limited student access to clinical training sites, the issue of ensuring the quality of future physicians' training becomes particularly urgent. Traditional distance-learning formats do not allow for the full development of clinical thinking, decision-making skills, and professional communication. In response to these challenges, the “Clinical Spiral with Distance Immersion” (CSDI) model was developed. It combines observation, analytical case review, and practical case simulation, providing an immersive and stepwise approach to learning in a digital environment.

Purpose of the Study. To assess the pedagogical effectiveness of the CSDI model using indicators of clinical thinking, theoretical knowledge, practical skills, and student satisfaction among learners of the “Faculty Therapy” course delivered in a distance-learning format.

Materials and Methods. A randomized controlled study was conducted with the participation of 80 students divided into an intervention group (CSDI model) and a control group. The educational workload, topics, and assessment system were identical. Validated tools were used: the CRP test (50 points), MCQ test (60 points), e-OSCE (100 points), and a satisfaction survey (Likert scale). Descriptive statistics, Student's t-test, χ^2 test, and a significance level of $p < 0.05$ were applied.

Results. Students trained using the CSDI model demonstrated a higher level of clinical thinking (mean score 41.3 vs. 36.7; $p < 0.001$), fewer errors in differential diagnosis, and more accurate reasoning in decision-making. Theoretical performance (MCQ) was also higher—78.7% vs. 72.5% ($p = 0.002$). The success rate in e-OSCE was 87.5% versus 65% ($p < 0.001$), with the most pronounced differences observed in communication components. The satisfaction level in the CSDI group exceeded 90%, indicating high engagement and strong perception of the model's effectiveness.

Conclusion. The CSDI model ensures the comprehensive development of clinical thinking, independence, and professional competencies among students in distance-learning conditions. Its implementation in clinical disciplines of medical universities contributes to improving training quality and may serve as a foundation for scaling within the national strategy for digitalizing medical education.