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SECTION 24.
PEDAGOGY AND EDUCATION

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AUSCULATION PICTURE INFLUENCE ON PEDAGOGICAL SCORES AND ADAPTATION TO STUDY IN FOREIGN STUDENTS

Adaptation study is multi-facetated [1], represents research subject in many branches of Science [2; 3; 4], in various countries – in Iran [5; 6], Netherlands [7], Nigeria [8], Malaysia [9], the USA [10; 11], Northern Ireland [12], Bulgaria [13]. There exist natural and social adaptation and the second one is subdivided into the one to education [14], profession, psychological [15], trans-cultural or cross-cultural [16; 17] in part because the approaches to classification are different. Countries have their own questionnaires or their versions for adaptation assessment in part Iran [18].

The students who appeal for the education in motherland as a rule have better natural and social adaptation than the ones studying abroad. It is rather important that effective social adaptation is impossible to be achieved without good, if not perfect, natural adaptation. Students represent separate age category and that is why their education, adaptation and health study is in the attention focus of specialists in Differential Psychology, Social Psychology, Age Psychology, Pedagogy and Medicine.

Heart-vascular pathology has the 2nd position on morbidity while giving the 1st one to hemostasiopathies (both of microcirculative or vascular-platelet hemostasis and macrocirculative, coagulational or blood coagulation itself). That is why heart-vascular system study under physiological and pathological conditions by specialists from various countries represents actual modern scientific branch. Particularly, many works are dedicated to acute coronary syndrome [19; 20; 21], myocardial infarction [22; 23], heart failure [24].

Cardiovascular risk factors are in the Iranian scientists focus in the pregnant (tobacco smoking, salt intake, fast food and drinks, vegetables and fruits insufficient consumption, activity lack) defining low birth weight in neonates while describing ethno-gender-age typological aspect [25].

Own results. We performed our investigations in foreign students from different countries. Our goals were: 1) to assess heart-vascular indices in them; 2) to assess adaptation to study in them; 3) to find links between heart-vascular system state, performances, adaptation to study; 4) to choose best pedagogical means on the base of the results received.
The smoking students were distinguished by weak or absent heart tones. Heart tones problems defined weak performance in Moroccan and Kurdish male students and as a result bad adaptation to study. Interestingly that Botkin-Erb’s auscultation point gave both the I-st and the II-nd heart tones in the foreign students population and moreover that the tone’s disappearance from this point (the II-nd in part) in Moroccan guys was associated with weak adaptation to study, irregular working activity. The students’ guys from Uzbekistan were distinguished by tachycardy near the sternum xyphoid process (the I-st tone), very loud II-nd tone in the Botkin-Erb’s point, difficulties in oral Russian, brilliant writing answers, non-constant preparing to the lessons as well as alternating degree of adaptation to study. Moroccan male students with very fast and strong I-st tone in the point of mitral valve auscultation and weaker I-st tone in the xyphoid process area, good auscultation picture in Botkin-Erb’s point (though weaker than in the point of mitral valve auscultation) were characterized by changeable (better during the II-nd term, good both at usual and remote learning in course of the II-nd term) working activity and increasing adaptation to study. Excellent Moroccan male students had both strong and weak I-st tone in the point of mitral valve auscultation, tricuspid valve was of various duration and loudness, some students had strong hearing of the tricuspid valve but weaker than the mitral one; at the same time Botkin-Erb’s point was characterized by the II-nd tone auscultation. These students had very good adaptation to study both in the I-st and in the II-nd term, possessed very high intellect and were able to work well both individually (during remote learning) and during usual lessons though one student with weak mitral valve auscultation and absent tricuspid valve auscultation asked for additional time for working activity, could not work rapidly in group in viber especially first times though gave good answers at giving time to think and when he was preparing at home; he was distinguished by huge potential to self-preparing, was writing very big conspectuses with different colors using regularly. Moroccan students from the country’s southern part were distinguished by tricuspid valve’s louder auscultation than the mitral one, practically absent auscultation in Botkin-Erb’s point. Such students were at English study form, know Russian rather well, needed in stimulation, help and very individual approach to them while teaching. They were good both in tests and oral answers, worked better without time limits. One of them was a runner – 10 km per day.

The II-nd tone auscultation force and distinctness did not influence one-digit on the academic performance, weak auscultation of aortal and pulmonary valve were found in excellent, good and satisfactory students. Pulmonary valve was not heard more often than the aortal one in a given students’ population. Seldom students from Morocco South had weak aortal valve auscultation, better than the one of pulmonary artery.

As the results received demonstrated, the observed students had various auscultative picture, the I-st tone good auscultation in main points and the additional one defined better adaptation to study sometimes while such a dependence was not found out concerning to the II-nd tone auscultation. All the observed were working better without time limits.

References:


