

Across age, weight, height, BMI, and corresponding z scores, Group 1 consistently showed higher median and mean values. Group 1 children were slightly older (14.25 vs. 13.08 years), heavier (53 kg vs. 49 kg), and taller (171 cm vs. 164 cm), with moderate effect sizes for weight and height. Median weight was higher in Group 1, and the prolonged disease group displayed a wider weight range (maximum 101 kg vs. 78 kg). The mean weight difference favored Group 1 by 11.4 kg, approaching potential statistical significance ($p = 0.059$, Cohen's $d = 0.647$).

BMI medians were similar between groups (18.2 vs. 18.9) with overlapping distributions. Although some children in Group 1 reached higher BMI values (up to 33) the mean difference was not significant ($p = 0.117$, Cohen's $d = 0.532$). BMI for age z scores also showed comparable distributions, with medians of -0.09 in Group 0, and 0 in Group 1, and no significant difference ($p = 0.394$, Cohen's $d = 0.282$).

These trends suggest that children with longer disease duration may experience preserved or even enhanced growth trajectories. Potential explanations include nutritional adaptation, effective clinical management and increased appetite associated with chronic gastritis. The stability of BMI despite increases in height and weight supports the interpretation of balanced rather than excessive growth.

Conclusions. The findings suggest that children in Group 1 tended to be taller and have higher weight than those in Group 0, although BMI remained proportionate across both groups.

LITERATURE

1. Environmental effects on child growth: The impact of nutrition, parental stress, digital screen time, caffeinated drinks, and night shift schedules / A. Soliman, A. Fawzia, N. Al Kaabi [et al.] // World Journal of Advanced Research and Reviews. – 2025. – Vol. 25, № 2. – P. 2150–2160.

THE WILLINGNESS OF FUTURE DOCTORS TO USE CHATBOTS BASED ON ARTIFICIAL INTELLIGENCE

Ayesha Mallik

Ryazan state medical university
Scientific supervisor: Shumova A. L.

Relevance. The processes of digital transformation in healthcare contribute to the active introduction of chatbots based on artificial intelligence (hereinafter – AI) into everyday practice. These tools are designed to provide emotional support to both medical staff and patients [1]. AI chatbots are based on three fundamental characteristics: empathy, generativity, and high responsiveness. Empathy implies the ability of AI to identify the user's emotional state and build trusting communication. Patients often rate the AI's response as more responsive than that of doctors [2, c. 592]. Generativity is the ability to create unique content using large language models and

machine learning algorithms [3]. Promptness implies instant feedback and 24/7 availability of the service, which ensures continuous user support.

Target. To assess the degree of readiness of medical students to integrate empathic chatbots into patient care processes.

Research methods. The survey involved 33 respondents (first-year students studying in English), including 20 men and 13 women aged 17 to 24 years. The questionnaire included 14 items related to the experience of working with chatbots; the answers were evaluated on the Likert scale.

Results and their discussion. All participants had experience using chatbots to solve educational and everyday tasks. The key advantage, which was noted by absolutely all respondents (100%), was the instant response and the ability to seek help at any time of the day. The majority of students (78.12%) believe that bots can demonstrate empathy in standard situations; 59.38% are confident in AI's ability to predict patients' needs. The idea of a hybrid approach combining artificial intelligence and the involvement of a live doctor was supported by 72.7% of respondents. At the same time, the effectiveness of bots in crisis situations is estimated to be significantly lower (24.2%).

The unanimous recognition of advantages such as accessibility and speed is consistent with the global trend towards digitalization of healthcare.

Future specialists, despite their enthusiasm for technology, retain the ability to critically evaluate and realize the vulnerability of algorithms when faced with complex human emotions and emergencies. The high level of support for hybrid work formats (72.7%) reflects a desire for compromise.

Conclusions. The study showed that students generally have a positive perception of such systems and allow their limited use in everyday life. It seems advisable to include modules on working with empathic bots in educational programs, emphasizing their limitations; to use chatbots to automate simple tasks under human supervision; and to develop and implement hybrid treatment protocols that combine the strengths of artificial intelligence and clinical thinking of a doctor.

LITERATURE

1. Impact of large language model (ChatGPT) in healthcare: an umbrella review and evidence synthesis / U. Iqbal, A. Tanweer, A. R. Rahmanti [et al.] // Journal of Biomedical Science. – 2025. – Vol. 32, № 1. – Art. 45. – doi: 10.1186/s12929-025-01131-z.
2. Comparing Physician and Artificial Intelligence Chatbot Responses to Patient Questions Posted to a Public Social Media Forum / J. W. Ayers, A. Poliak, M. Dredze [et al.] // JAMA Internal Medicine. – 2023. – Vol. 183, № 6. – P. 589–596. – doi: 10.1001/jamainternmed.2023.1838.
3. Haque, M. A. Generative artificial intelligence and large language models in smart healthcare applications: current status and future perspectives / M. A. Haque, H. R. Siddique // Computational Biology and Chemistry. – 2026. – Vol. 120, pt. 1. – Art. 108611. – doi: 10.1016/j.compbiolchem.2025.108611.