

Improving the Methods of Competence Among Students of Medical Universities

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Abstract The main reasons for this are related to the expansion of mobility areas personality: professional, social and political, where the professional sphere is the main one. This determines the need to study orientation and factors influencing professional self-determination, successful implementation activities, as well as the choice of subsequent specialization within a specific specialty. Penetration of advanced technologies into the field of medical care, widespread use of the latest technology, as well as the use of effective management principles urgently require taking into account personal factors, as in the process of professional training, and throughout the entire professional process, including the formation of a body of knowledge, skills and abilities, on the one hand, and professionally significant personal psychological qualities, on the other. The first of these components is traditionally given significant attention, which has recently been confirmed by the implementation of the concept in the country continuous medical education, but the problem of methodology psychological support for the doctor's personality at all stages of his professional.

Keywords Competence, Professionally, Psychological qualities, Field of medical, Given significant attention, Skills and abilities

1. Introduction

As you know, professional medical practice has a number of specific features, and its success is determined not only, and not so much by professional knowledge and skills, but by the ability to implement them in their activities through the development of professional qualities of the individual. Work doctor is characterized by the fact that high frequency occupies a significant place in him interpersonal contacts when communicating with patients and their relatives. In the activities of a doctor, communicative competence ensures the implementation effective communication (with patients, their relatives, colleagues, etc.). This communication that promotes progress in solving problems participants in communication; ensures that communication goals are achieved optimally. [1]

Medical graduates often experience communication difficulties in their professional activities, do not have sufficient knowledge of the necessary arsenal of communicative knowledge, are not always ready for modern and effective the use of diverse communicative means of influence. The university stage of professionalization is a sensitive period formation of the necessary professionally important qualities of a doctor, basic new formations of individual style of professional activity. Where in the pre-graduation stage is of

particular importance, at which not only basic competencies, but also possible prerequisites for deviations in professional roles.

At the present stage, the social order of society requires a new quality level of professionalism of future medical workers. Of particular relevance the problem of professional training of personnel who are ready to effectively solve professional problems. One of the most important stages in the formation of a medical worker as a professional is the educational process, during which the student acquires the competencies necessary for effective professional activities. According to L.P. Alekseeva, V.I. Bidenko, E.F. Zeer, I.A. Zimnyaya, N.V. Kuzmina, A.K. Markova, L.A. Petrovskaya, G.I. Sivkova, Yu.G. Tatur, A.V. Khutorskoy, N.S. Shablygina and others believe that the training of specialists in any field of activity should be based on a competency-based approach. This approach to the content of the educational process is focused on the formation of general professional competence among medical university students based on the principles of universality, variability, interactivity, and practical orientation. The most important component. The general professional competence of a future medical worker is communicative competence. To substantiate this statement, it is necessary to briefly consider the development of the phenomenon of communication from a historical and scientific perspective. The relevance of the problem of communication is related to issues of communicative interaction, cooperation, mutual understanding (N.A. Berdyayev, M. Weber, E. Durkheim, N.

Luhmann, J. Habermas, M. Heidegger, etc.). According to the Russian philosopher. Panarin communication in society is represented by two types: dialogue and monologue. The first type is characterized by tolerance and the ability to hear the interlocutor, and pluralism of opinions. For the second – the desire to suppress the interlocutor, to impose one’s point of view on him, dogmatism of thinking.

The problem of communication is a problem of mutual understanding between subjects, solidarity, mutual trust, tolerance, without which any joint activity, including professional ones, is impossible. Communicative competence is the ability of communicative competence that is relevant not only for science, but also for human professional activity. Communicative competence includes the ability and ability to support and establish the necessary contacts, a body of knowledge, skills and abilities that ensure effective communication, the ability to understand and be understood, the ability to coordinate verbal and non-verbal manifestations in communication, the ability to overcome difficulties in communication. Communicative competence includes mastery of the technologies of written and oral communication, as well as communication via the Internet. [2] Communicative competence also includes correctness, tact, the ability to establish contact, listen and understand others, empathy, respect for people, willingness to help, interest in others; ability to manage the communication process and oneself. We believe that each individual profession has its own understanding of the phenomenon of communicative competence. Thus, according to L.N. Vasilyeva, the communicative competence of a doctor is a multi-level integral personality quality (a set cognitive, emotional and behavioral characteristics), mediating medical professional activity aimed at establishing maintaining and developing effective contacts with patients and others, and behavior and focus of consciousness on interaction.

2. Materials and Methods

This section outlines the materials and methods employed to enhance competence among medical university students. It encompasses a multifaceted approach combining various pedagogical strategies, assessment tools, and resource utilization.

1. Curriculum Design and Delivery:

a) Competency-Based Curriculum:

- Materials: Competency frameworks aligned with national and international standards (e.g., CanMEDS, Bloom's Taxonomy).
- Methods:
 - * Curriculum mapping: Aligning learning objectives with specific competencies and ensuring appropriate coverage.
 - * Backward design: Starting with desired outcomes and designing learning activities that effectively address them.

- * Integrated curriculum: Combining theoretical and clinical knowledge within specific contexts, fostering holistic understanding.

b) Active Learning Strategies:

- Materials: Case studies, simulations, problem-based learning scenarios, clinical skills labs, and digital learning resources.
- Methods:
 - * Peer teaching: Students take turns explaining concepts and practicing skills, reinforcing learning and developing communication skills.
 - * Collaborative learning groups: Students work together on complex problems, fostering critical thinking and teamwork.
 - * Flipped classroom: Students learn basic concepts outside of class, allowing class time for deeper discussion and practical application.

Thus, the transition to a competency-based approach has created a need to improve the operational activities of the educational process component. The consequence of this was:

- conducting lectures with mandatory feedback from the audience;
- development of students’ communicative competence during seminars and practical classes;
- use of classes in the educational process in combination with extracurricular activities work with the aim of developing professional skills among future medical workers skills, professional communication competence.

3. Results and Discussions

Competency-based education is predicted to radically transform the traditional time-based education system in the United States.

1. The Council on Education for Public Health (CEPH) differentiates competency-based education from traditional education by claiming that competencies “clearly define what the student will do to demonstrate learning for a workforce-related need,” as opposed to merely achieving institutional instructional goals.
2. In the public health field, the Association of Schools and Programs of Public Health (ASPPH) developed a set of competencies to guide the programs, but many schools tended to adopt the proposed set with little understanding of how the competencies were to reflect their own missions. Through its accreditation process, CEPH is helping public health programs transition to a competency-based learning model. We describe common competency-adoption problems and one program’s solution to those problems.

We recognize that transitioning to useful, meaningful competencies is a major challenge for many public health programs. However, we believe that, in the future, competitive

programs will be those that are innovatively solving these challenges and implementing the necessary changes to the competency-driven curricular path. Our specific program has created a replicable process to answer some of these challenges, but other programs' experiences will be essential to learning how to fully integrate competencies in public health education.

4. Conclusions

Summarizing the above, we can conclude that to work effectively, a future doctor needs such qualities as communication skills, developed communication skills, persuasion, understanding people, empathy. Exactly therefore, targeted work on the formation of professional communicative competence of future medical workers at the training stage at the university through the use of a variety of educational innovative techniques and technologies in classes. Therefore, the use of a competency-based approach requires teachers to a more careful study of the technologies of forms that are used to develop the communicative competence of students. As part of studying at a university, it is necessary to carry out work on the development.

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