



INCREASING MEDICAL CULTURE IN INTERACTIVE WAYS

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Abstract. The article highlights some features of the formation of the medical culture of future doctors using interactive teaching methods. The positive influence of humanitarian disciplines on the formation of the medical culture of future doctors is noted. Attention is focused on the importance of using active learning and interactive methods in the process of studying the disciplines of the humanities.

Keywords: medical culture, active learning, competency-based approach, doctor's communicative culture, interactive teaching methods.

INTRODUCTION

In modern conditions, when society is experiencing constant political, economic, moral and cultural transformations, each individual must be consciously prepared for them. The priority task of the modern system of higher medical education is the formation of competent doctors who are characterized by a culture of behavior, ethics of professional and interpersonal communication. The specifics of medical practice in the implementation of professional duties are based on the values of the general culture and ethics of a medical worker. In the process of communication with various subjects of professional activity, it is important to focus on universal human values, among which an important place belongs to a communicative culture aimed at establishing humanistic values in the professional activities of doctors.

MATERIALS AND METHODS

The luminaries of Russian pedagogical thought (A. Makarenko, V. Sukhomlinsky, K. Ushinsky) paid attention to medical culture as the basis of interpersonal relationships and communication in their works.

In recent years, research has also partially paid attention to the formation of the communicative culture of specialists in the medical industry, namely: the personal and professional development of the future doctor (O. Gumenyuk, T. Skryabina, Y. Tsekhmister); development of the professional culture of medical workers (O. Krsek, M. Lesnoy, S. Khlestova); formation of the professional and ethical culture of the future doctor (A. Agarkova, S. Bukhalskaya, E. Uvarkina); formation of a communicative culture of doctors (O. Markovich, V. Oleinik, L. Pereymibida); mastering the culture of professional speech in the formation of the communicative culture of the future doctor (G. Sagach, S. Poplavskaya, I. Timchenko).

RESULTS AND DISCUSSION

Increasing requirements for the level of medical culture of future doctors is predetermined by the special nature of his activities in the field of "person-to-person" communication. That is why in modern medicine, within the framework of the established model of active cooperation, there should be a constructive dialogue between the doctor and

the patient, which provides for dialogical equality during communication, an orientation towards mutual understanding, a positive interpretation of points of view with a partner and the expectation of feedback that would be related to a positive attitude dialogue interaction.

The leading tool of every doctor's activity is communication, since the medical profession is one of the few in the "person-to-person" system that requires perfect mastery of techniques and methods of effective communication with both patients and colleagues in order to achieve the mutual understanding necessary when solving treatment and diagnostic tasks.

However, despite diverse research, today in higher medical education there are a number of contradictions between: the social need for a specialist capable of communicating at a high professional level, and the actual preparation of students for it; a new anthropo-oriented paradigm of education and the dominance of reproductive forms of education in the modern educational process. As a result, the task of forming a communicative culture of future doctors is not fully resolved.

At the same time, new educational standards impose requirements on graduates of medical universities in the form of a number of competencies, which also relate to communicative culture. Thus, the Requirements for the results of mastering the basic educational programs for training a specialist in the specialty "General Medicine" indicate that a graduate of a medical university must have such competencies as the ability to speak publicly, conduct discussion and polemics, to edit texts of professional content, to carry out educational and pedagogical activity, cooperation and conflict resolution, tolerance, written and oral communication in the state language; the ability and willingness to carry out their activities taking into account the moral and legal norms accepted in society. Here the competency-based approach finds its implementation, which helps to solve a typical problem in domestic education: when students, in general, operate quite freely with a set of theoretical knowledge, but experience certain difficulties in activities that require the use of this knowledge to solve specific life problems [1]. Without denying the importance of knowledge, the competency-based approach focuses on the ability to use acquired knowledge [4]. Within the framework of the competency-based approach, specific educational tasks are also set in relation to the communicative culture of the doctor.

The medical culture of the future doctor in the process of studying the humanities requires: the presence of a certain official status of the subjects; focus on establishing mutually beneficial contacts and supporting connections between representatives of mutually interested parties; compliance with certain generally accepted and generally accepted rules [2].

Scientific research gives us grounds to assert that in the process of studying the humanities the following is formed:

- the constructive nature of relationships, their focus on solving specific tasks, achieving a specific goal, as a rule, without going beyond a certain circle;
- mutual agreement of decisions, agreement and further organization of interaction between partners;
- the importance of each partner as an individual [5].

It should be noted the targeted influence of the humanities on the formation of medical culture as an integral process based on the coordination of its leading components: target,

which reflects the requirements for the simultaneous participation of students of higher medical educational institutions in the performance of individual tasks; meaningful, based on the selection of tasks that contribute to the successful formation of a communicative culture of future doctors; technological, which determines the conditions, methods and means of forming a communicative culture; evaluative and effective, based on the design of diagnostic methods for determining the maturity of medical culture.

However, as already mentioned, in modern education there is a predominance of reproductive forms of teaching in the teaching of humanities, which significantly reduces their effectiveness.

As confirmed by the results of our study, the most effective way to increase the level of medical culture of future doctors in a higher medical institution is active learning, in which the student to a greater extent becomes the subject of educational activities, enters into dialogue with the teacher, actively participates in the cognitive process, performing creative, search, problem tasks. Students interact with each other when performing tasks in pairs or groups [4]. It is the humanities that have a wide arsenal of tools that can force students to think, interact with each other and with the teacher, and perform creative tasks. In the course of studying the humanities, active learning and a competency-based approach can and should be fully realized.

An important step in attracting investment in the healthcare sector will be the creation of complex automated systems for medical institutions. The functioning of any sector of the economy, including healthcare, increasingly depends on the rational use of not only financial, human and material resources, but also information resources. Effective management of the resource potential of healthcare, especially in the context of reform and modernization of the economy, is possible only through complete information support for the management processes of the healthcare system.

The healthcare management system during reforms requires monitoring to a greater extent:

- health status;
- providing services based on full coverage and usefulness;
- financial resources;
- stocks of medicines and models of their distribution;
- equipment condition and availability;
- laboratory equipment and quality of laboratory research;
- personnel at different levels;
- morbidity;
- disability;
- mortality;
- epidemiological service.

CONCLUSION

The productive nature of these pedagogical methods lies in: filling them with modern content that is interesting and useful for students; creating conditions that put you in a situation of search, choice, reflection, decision-making; providing the opportunity to perform a variety of social roles in the communication process; formation and development of the individual's reflexive abilities, self-presentation skills, etc.

Thus, the use of interactive teaching methods when studying the disciplines of the cycle is an effective means of developing the medical culture of future doctors.

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