



Competence Approach Is An Integrating Factor Of Training Future Doctors

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ABSTRACT

The article reveals the essence of the concepts of "competence" and "competence-based approach", highlights the signs of competence. The difference between the content of the competence-based approach and the traditional one (knowledge-centric) is shown. The role of the competence-based approach in the training of future doctors is revealed.

KEYWORDS

Competence, professional competence, competence-based approach.

INTRODUCTION

Social conditions and needs of society dictate the need for the formation of a professionally competent graduate of the medical faculty.

In domestic pedagogical science, there are quite diverse approaches that underlie the training of specialists in various fields, including medical ones. Along with the fairly well-known,

traditional approaches: knowledge-centric, systemic, activity-based, complex, personality-oriented, personality-activity, there are new approaches that have appeared in pedagogy relatively recently. These include not only the situational, systemic, genetic, paradigmatic, ergonomic, but also the competence-based approach.

The relevance of the application of the competence-based approach is due to the fact that it is dominated not only by an increase in the volume of knowledge, but by the acquisition of the most versatile experience by the student.

This approach contributes to the integration, unification into a single whole not only of the relevant skills and knowledge related to the widest spheres of professional activity, but also the formation of personal qualities that ensure the effective use of knowledge, skills, and skills to achieve the set goals.

The formation of a competence-based approach in education was initially associated with such concepts as competence, professional competence, professional competence of an individual as the goal and results of education. Previously, the concept of competence was understood as "deepening knowledge of a subject or mastered skill." Thus, the expansion of the scope and content of this concept occurred as it was mastered.

MATERIALS AND METHODS

According to information contained in the free encyclopedia Wikipedia, the term "competence" first appeared in an article authored by Craig C. Lundberg in 1970. The term became more and more popular when, in 1973, David McClelland wrote a groundbreaking article entitled Testing

Competence, Not Intelligence. Since then, this term has been popularized [1, p. 82].

For the first time in pedagogy, V. de Landscheer drew attention to the idea of a competence-based approach in the early 80s of the XIX century, having written an article "The concept of "minimal competence" in the journal " Perspectives.

Educational issues "[4, p. 23]. At the end of the last century, the use of the competence-based approach in education became known thanks to the works of V.A. Bolotova, E. Ya. Kogan, V.A. Kalneya, A.M. Novikova, V.V. Serikova, S.E. Shishova, B.D. Elkonin and others).

The essence of the competence-based approach boils down to the fact that it:

- Gives answers to inquiries from the production sector (T.M. Kovaleva);
- In response to changes in socio-cultural life, it promotes the renewal of the content of education (I.D. Frumin);
- Is a condition for effective actions outside of educational activities (V.A. Bolotov).

The successful implementation of the competence-based approach in education is not always possible. This is associated with a number of problems:

- The problem of the textbook, namely, with the possibilities of its adaptation to modern trends in education;
- The problem of the state educational standard, its
- Content and functioning in conditions of higher medical education;
- The problem of professional readiness of teachers for the implementation of the competence-based approach;

The professional success of the future doctor and his competence largely depend on the ability to communicate, establish and develop relationships with patients [2, p. 8], since they are the object of his activity. A future doctor needs to be professionally competent, as he will have to realize himself in many areas: diagnostic, therapeutic, preventive, organizational, management, and research.

The terms “competence” and “professional competence” are integral parts of the competence-based approach.

In pedagogical science at its present stage, there are many approaches to defining the concept of competence, its components and criteria.

In accordance with the definition given in the explanatory dictionary, competence (from Lat. *Competentia* - belonging by right) is awareness, authority [7, p. 53].

According to M.A. Choshanov's competence consists of a combination of such characteristics as mobility and efficiency of knowledge, flexibility, the ability to apply one or another method that is most suitable for the given conditions of activity; critical thinking, the ability to choose the most optimal among many possible solutions [9, p. 84].

There are different opinions regarding the interpretation of the concept of "competence". According to E.I. Ogareva “competence is a category that can be used to assess a person in the context of performing specialized activities. It enables a person to perform work in a qualified manner, to make effective decisions in difficult situations, to improve in actions that can lead to the successful achievement of the set goals” [5, p. ten].

Professional competence characterizes the qualities of a person who has completed a certain level of education. This is expressed in the readiness for effective professional activity despite possible or existing risks.

Today, the degree of professional preparedness of a future specialist must be considered as the correspondence of the professional education of a graduate of the medical faculty to the challenges of society and time through the concept of "professional competence". It is assumed that professional competence is an indicator that is formed during training in an educational institution. In this regard, the professional competence of a future specialist must be considered as a quality that manifests itself in accordance with the requirements for his qualifications [6, p. 37].

The question naturally arises: does the competence-based approach in education replace the traditional one and how to evaluate its results. In our opinion, the competence-based approach does not deny the traditional, but contributes to its deepening and expansion and complements it.

The competence-based approach is more consistent with the needs of the time, since it provides for the orientation of the learning process towards the formation, along with professional knowledge, skills and abilities, and the development of students' abilities that may be in demand in the modern labor market.

Responsibility for the formation of professional competence skills among future doctors in the process of training at the Faculty of Medicine, purely conditionally, lies with the teachers of the departments related to the

disciplines of the humanitarian, natural science and professional blocks.

The disciplines related to the formation of students' professional competence skills at the early stages of training include such disciplines as psychology, foreign languages, philosophy, sociology, which focus their efforts on developing students' skills of confidential, open communication, and skillfully resolve conflict situations.

In the conditions of the medical faculty, it is possible to familiarize the student with the development of professional competence skills using a sufficient set of pedagogical tools. These include various trainings for personal and professional development, the use of role-playing and business games, the participants of which imitate the real conditions of future activities, round tables and scientific seminars, at which their participants gain experience in conducting a discussion.

For the full implementation and implementation of the competence-based approach in the educational process, a serious restructuring of the components of the education system is necessary, from the standard and its content to the assessment of the level of students' achievements, as well as the requirements for graduates.

RESULT AND DISCUSSION

The use of the competence-based approach involves, first of all, an orientation towards new goals of education, towards the search for pedagogical technologies, means of control and assessment of knowledge. To do this, it is necessary to design and implement such teaching technologies that could simulate situations involving the inclusion of students in various types of communication activities,

solving problem situations, discussions, disputes, etc.).

The competence-based approach has prerequisites and proper pedagogical both in practice and in theory. If we talk about the practice of vocational education, then teachers have long drawn attention to the obvious discrepancy between the quality of training of a graduate provided by an educational institution and the requirements imposed on a specialist by production and employers.

The purpose of the applicability of the competence-based approach in higher medical education is the formation of a competent specialist - a future doctor. The main difference between this approach and the traditional one is that the competence model of a specialist does not free itself from the dependence of working conditions, but does not ignore them, thereby focusing on the need to apply interdisciplinary, integrated requirements to the result of the educational process.

There are different points of view regarding the essence of the concept of "professional competence". According to one of them, "professional competence is a concept that consists of three components: the mobility of knowledge, the variability of the method and the criticality of thinking" [8, p. 15].

Another point of view assumes an understanding of professional competence as a system consisting of three components: social competence (the ability to work in a group and cooperation with other employees, readiness to take responsibility for the result of one's own

labor, mastery of vocational training techniques); special competence of preparedness for the independent

performance of certain types of activities, the ability to solve professional problems, the ability to independently acquire new knowledge and skills in the specialty); individual competence (readiness for continuous professional development and self-realization in the professional field, overcoming professional crises and professional deformations) [3, p. 26].

CONCLUSION

The main goal of implementing the competence-based approach is to increase the efficiency of training future doctors and their compliance with the demands of modern labor market conditions by creating favorable conditions at the faculty for the successful implementation in future professional activities, an individual trajectory of education, the direction and specialty of professional training in accordance with the interests of the individual, educational needs. environment by the needs of the labor market.

Thus, it must be recognized that the competence-based approach is a progressive direction in the development of higher and, in particular, medical education.

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