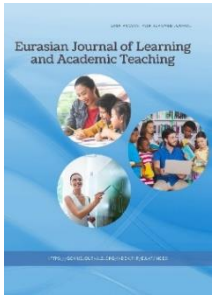

Three Main Directions Of Modern Higher Medical Education

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ABSTRACT

The authors propose the main directions for training competitive professionals who have the competencies to meet the needs of a changing labor market, capable of developing the scientific and technical potential and socio-economic development of the country, and continuing active integration into the world community. The fundamental task on the track of higher medical education in modern realities is to obtain an education that includes a combination of three functions: mastering academic culture, learning a profession and training new scientists. These brief formulations contain the essence of a single educational, educational and pedagogical process of a modern higher medical school

Keywords: medical, higher, education, culture, competence.

Introduction. Scientific and technological progress, development of productive forces, processes of integration and globalization, economic growth, digitalization are factors that characterize our lives today. These phenomena, as well as significant advances in the development and implementation of new diagnostic, treatment and rehabilitation technologies into everyday medical practice, the constant intensive expansion of the list of drugs, the emergence and use of breakthrough capabilities of modern medical equipment, serve as the basis for the need for a new adjustment of higher medical education at the system level [1, 2, 3].

The main trend should remain the direction of training competitive professionals who have the competencies to meet the needs of a changing labor market, capable of developing the scientific and technical potential and social development of the country, and continuing active integration into the world community [4, 5, 6].

Purpose of the study. The main purpose of this article is to familiarize the interested circle of specialists, teachers of higher and secondary medical educational institutions with the three main directions of higher medical school, the unity of which underlies the training of qualified doctors. The methodology proposed by the authors can be used not only in the field of medical education, but also in other educational areas.

Material and research methods. The objects and methods of this work represent practically carried out activities in educational groups of

the 2nd and 3rd years of study of various faculties, such as medical, dental, pediatric dentistry, international, foreign students.

Results and its discussion. The complex task of higher medical education in modern conditions is to obtain higher education through the combination of three functions: transfer of culture, training of the profession and training of new young scientists. These brief formulations contain the essence of the educational and pedagogical process of higher education in general, and medical school in particular [7, 8, 9].

It should be said that issues of cultural transmission should take priority. From our own experience, we can report that students at higher education institutions differ in their level of culture. Given their certain level, it is necessary to instill an understanding of certain ethical, interethnic, religious, communicative rules in the academic environment: in classrooms for practical classes, lecture halls, operating rooms, manipulation rooms, procedural rooms.

Separately, we consider it correct to mention pathological and forensic medical institutions and morgues. Here, the ethical aspects of the relationship between the prosector and the relatives of deceased patients are of great practical importance [10, 11 12].

It is undeniable that a person with a higher education has a broader outlook, both in his professional field and in various aspects of society. Due to their education, such people have better opportunities for communication and creating a systematic view of the surrounding reality.

In general, the idea that the communicative component of communication between a medical worker and a sick person is based on mutual respect and trust is considered a priority. Building such relationships is a very difficult task, which students must also learn. The statement of the famous 20th century doctor V.M. Bekhterev seems appropriate: "If a patient does not feel better after talking with a doctor, then this is not a doctor."

The issue of finding methods for high-quality conducting classes with students remains important and timely on an ongoing basis, including in modern realities. At the same time, it can be stated that, along with the classic protocol schemes of classes, new teaching trends are being introduced. This is a natural process, since pedagogy is an actively developing science that is sensitive to changes in the multifaceted situation in society. In any case, an invariably important point remains, which is the personality of an erudite, cultured, kind teacher [13, 14, 15, 16].

Pathological anatomy, as an academic discipline, remains quite stable. It must be noted that the subject is taught in the classic version of lectures and practical classes [17, 18]. Given that we are talking about fundamental science, the progress of medicine, as a branch of human knowledge, inevitably leads to a fairly intensive accumulation of new data. This fact encourages teachers to supplement educational materials on an ongoing basis and to be on the cutting edge of news in the discipline.

To implement the display of an updated visual component, as an integral element when reading lecture material, the lecturer uses modern digital equipment in the clinical halls of the institute, with the help of which students can see slide shows on the topics of the lessons, according to the thematic plan of the lectures. The visual component of each classroom lesson is of great importance, since visual perception is added to auditory perception. And what is very important, the recommendation to write down the main key points of each topic of the lecture in the lecture notes only improves the memorization of the material [19, 20, 21].

One of the main methods for studying pathological anatomy is necroscopy - autopsy of the dead in special rooms called dissection rooms or dissection rooms. In the pathology departments of many clinics and hospitals, which are the bases of departments, there is a full range of premises and equipment to perform functional tasks defined by legal documents. These are special rooms for processing biopsy material: cutting, embedding in paraffin, making thin sections with subsequent staining with dyes, preparing it for viewing the material under a microscope.

Practical work carried out in front of students serves to understand the goals and objectives of

pathological anatomy, which is not only a theoretical, but also a clinical discipline. Each autopsy case has a strong emotional effect on students. Next comes an understanding of the need for practical application of the acquired knowledge in enhancing the practical side of training and obtaining the skills necessary for a future doctor. Information on the comparison of clinical and pathoanatomical diagnoses is important; such analyzes of autopsy details actually contribute to the development of clinical and anatomical thinking [22].

To reinforce the visual perception of pathological changes in organs and tissues, macropreparations from the Museum are used, which demonstrate certain patterns of changes in various diseases [23].

When independently preparing for classes in pathological anatomy at home, students use not only educational literature, but also materials that are available 24/7 on the Internet. The ease of use of such materials is beyond doubt. People of the older generation, who did not have such an opportunity, went to the reading rooms of libraries to gain additional information. Today you can do without this, which frees up time for better study of the discipline [24, 25].

To build individual trajectories, some work with each student is necessary; this approach serves to increase the level of theoretical knowledge and skills of medical students. The mentoring experience of each teacher allows us to discern the level of each student already in the first lessons. A high level of teaching is considered to be the feedback from the student to the teacher, their joint work to achieve progress in mastering the discipline, in the formation of medical skills and competencies.

It seems logical to move to the next form of higher education – the search for ways to train scientific personnel [26]. In this case, there must be an individual approach to each student. Students can be divided into three subgroups. The 1-st group consists of students who have a strong desire to study the subject. The main thing is their independence and effectiveness; regular self-preparation for classes at home takes place in the form of recording notes with key points of voluminous material, using textbooks and additional literature to prepare lecture material. These are advanced representatives of learning, with such students not only do there not be any difficulties, but with them the teaching process is interesting, since you feel the return in the form of mastering the educational material.

In the 2nd group there are well-performing students who are not as productive as their classmates from the first group, but also show diligence and show a good level of mastery of the educational material. This group, with a correctly chosen educational approach, demonstrates quite positive results of the learning process.

The most problematic part of the student community, which is practically inactive, is the 3rd group. The process of obtaining an education is perceived as something extremely complex and incomprehensible. It is not difficult to see such students in classes; they are indifferent and unemotional, their presence is simply waiting for the end of the lesson without interest in the result.

By paying attention to students of the 1st group, and possibly the 2nd group too, we really involve them in circle work within the framework of the student scientific society - SSS. The result of their high efficiency and initiative, interest in research work, is their involvement in scientific activities, such as the publication of theses and articles, and presentations at conferences. It is this approach, in our opinion, that contributes to the education of future scientists, which is consistent with the opinion of many authors [27].

Conclusions. In summary, the authors would like to note that education obtained through the combination of three functions: cultural transmission, profession training and training of new scientists will prepare a highly qualified professional who is confident in his medical specialty.

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