



Pedagogical Conditions for the Formation of Students' Clinical Thinking

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ABSTRACT

This article discusses the system for the formation of clinical thinking in future doctors in the process of medical education, the factors influencing this process. At the same time, the views of clinicians on this problem were also analyzed. The methods of forming clinical thinking among students and the basic requirements that must be followed in the process of their use are noted.

Keywords:

Student, doctor, thinking, clinical thinking, methods of forming clinical thinking, factors, basic requirements

The process of forming personal thinking, especially the professional thinking of future specialists, is one of the main goals of the system of continuous education. After all, only a specialist with a professional mindset can achieve effective results in his work, approach the solution of various problems in a research manner, and creatively organize the professional process. In particular, the formation of clinical thinking among medical workers helps them to correctly determine the directions of the diagnostic, preventive and therapeutic process in their medical activities and minimize the possibility of errors.

Clinical thinking is a kind of dialectical thinking that is formed in future doctors from the student period and helps the doctor in the process of work to determine the nature of a person's disease and determine the correct therapeutic measures.

The clinical thinking of a doctor is formed, developed and improved on the basis of the unity of theoretical knowledge, practical experience, intellectual orientation in the process of practice, clinical observations, paraclinical studies, and personal practical

experience. In the course of medical activity, the doctor uses a number of philosophical interpretations and concepts that serve to form the content of clinical thinking.

The problem of forming the clinical thinking of doctors is connected with the history of the development of the medical industry.

According to the twentieth-century clinician V.Kh.Vasilenko, who achieved effective and striking results on the problem of the formation of clinical thinking, "clinical thinking is the mental activity of medical workers (doctors) aimed at eliminating or slowing down processes that negatively affect human health" [1].

According to A.F.Bilibin, "medicine, as a phenomenon, is a collection of knowledge, experience and philosophy as a general art. This phenomenon helps to think about changes in the human body" [2].

I.A. Kassirsky, in conclusion of his monograph on clinical thinking, emphasizes that elements of science, empiricism and art merge in medicine. When treating a patient, a doctor with a clinical mindset must find answers to the following questions:

- Determination of the nature of the disease - what is it?
- Determination of the cause of occurrence - what is the origin or etiology?
- Thinking about pathogenesis - what are the results of the patient's defense mechanisms?
- What is the semiotics - what are the symptoms of this disease?
- Substantiation of the prognosis - how will the patient's body struggle with this disease end? [3].

In the process of developing clinical thinking and skills in future doctors, it is desirable to use interactive methods along with practical methods. Let's dwell on some of them.

The method "By parts - the whole - by parts"

Using this method to teach students about the biomechanisms of normal labor can help achieve positive outcomes.

To do this, in a specially equipped preclinical classroom, students are explained the moments of the biomechanism of normal childbirth, divided into four stages.

First stage: Each moment is broken into pieces, explained and performed separately. That is:

- I moment. Flexion of the fetal head;
- II moment. internal rotation of the fetal head;
- III moment: extension of the fetal head;
- IV moment. External rotation of the fetal head and internal rotation of the fetal shoulders.

Each of these points is explained and shown in parts.

Second stage: The above four points are explained to the students as a whole and illustrated in a clear sequence.

The third stage: Moments of the biomechanism of a normal fetus are re-executed in fragments, that is, in parts.

This method serves to improve the clinical skills and clinical knowledge of students about the biomechanism of normal labor.

In the process of forming clinical thinking and experience, students must comply with the following fundamental requirements:

1. From the point of view of humanism, it is impossible to conduct experiments on the process of forming clinical skills on people. Such experiments are carried out in special

laboratory or preclinical rooms using equipment, dummies and models.

2. In order for the process of forming clinical skills among students to be effective, it is necessary to develop and distribute to each student in printed form an algorithm for completing tasks for each lesson.

3. The organization of teaching clinical thinking and skills in small groups serves to ensure the individuality of work with students.

4. During practical classes, it is very important that the clinical activities and conditions of students are as close as possible to real situations, their behavior is strictly controlled, errors and shortcomings are regularly corrected.

5. Acquired clinical knowledge should be recorded by students.

The following objective factors effectively influence the process of forming the clinical thinking of future specialists:

1. Perfection of theoretical education, i.e. the optimality of the methods used in the transfer of clinical knowledge during lectures.
2. Formation of personal qualities in a doctor (accessibility, sociability, mobility, flexibility, breadth of thinking, thoroughness, intelligence, etc.).
3. High level of affection and interest in the medical profession.
4. The audience, tools and equipment used for practical classes are as close as possible to the clinical situation.
5. Effective use of assignments and problem situations related to life situations through experience.
6. Collective reasoning in the analysis of clinical processes is the priority of the council.
7. Regular self-improvement and exchange of experience.

The effectiveness of the process of forming clinical thinking in future doctors depends on the organization, taking into account the above factors.

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